

SOLICITATION, OFFER AND AWARD			1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING	PAGE OF PAGES 1 209	
2. CONTRACT NO.		3. SOLICITATION NO. N62645-02-R-0016		4. TYPE OF SOLICITATION [] SEALED BID (IFB) [X] NEGOTIATED (RFP)	5. DATE ISSUED 23 Sep 2002	6. REQUISITION/PURCHASE NO.	
7. ISSUED BY NAVAL MEDICAL LOGISTICS COMMAND 1681 NELSON STREET FORT DETRICK MD 21702-9203 TEL: 301-619-2061 FAX: 301-619-2925			CODE N62645	8. ADDRESS OFFER TO (If other than Item 7) See Item 7		CODE	TEL: FAX:
NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".							
SOLICITATION							
9. Sealed offers in original and <u>1</u> copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in _____ (See Block 7 above) until <u>15 00</u> local time <u>07 Nov 2002</u> (Hour) (Date)							
CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.							
10. FOR INFORMATION CALL:		A. NAME SUSAN D M WELLEN		B. TELEPHONE (Include area code) (NO COLLECT CALLS) 301-619-3022		C. E-MAIL ADDRESS sdwellen@us.navy.mil	
11. TABLE OF CONTENTS							
(X)	SEC.	DESCRIPTION		PAGE(S)	(X)	SEC.	DESCRIPTION
PART I - THE SCHEDULE					PART II - CONTRACT CLAUSES		
X	A	SOLICITATION/ CONTRACT FORM		1	X	I	CONTRACT CLAUSES
X	B	SUPPLIES OR SERVICES AND PRICES/ COSTS		4	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS		
X	C	DESCRIPTION/ SPECS./ WORK STATEMENT		30	X	J	LIST OF ATTACHMENTS
	D	PACKAGING AND MARKING			PART IV - REPRESENTATIONS AND INSTRUCTIONS		
X	E	INSPECTION AND ACCEPTANCE		39	X	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS
X	F	DELIVERIES OR PERFORMANCE		41			
X	G	CONTRACT ADMINISTRATION DATA		45	X	L	INSTRS., CONDS., AND NOTICES TO OFFERORS
X	H	SPECIAL CONTRACT REQUIREMENTS		46	X	M	EVALUATION FACTORS FOR AWARD
OFFER (Must be fully completed by offeror)							
NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.							
12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.							
13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232-8)							
14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):				AMENDMENT NO.		DATE	
15A. NAME AND ADDRESS OF OFFEROR		CODE	FACILITY		16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)		
15B. TELEPHONE NO (Include area code)		15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. <input type="checkbox"/>		17. SIGNATURE		18. OFFER DATE	
AWARD (To be completed by Government)							
19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT		21. ACCOUNTING AND APPROPRIATION			
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)() <input type="checkbox"/> 41 U.S.C. 253(c)()				23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)		ITEM	
24. ADMINISTERED BY (If other than Item 7)		CODE	25. PAYMENT WILL BE MADE BY		CODE		
26. NAME OF CONTRACTING OFFICER (Type or print)				27. UNITED STATES OF AMERICA (Signature of Contracting Officer)		28. AWARD DATE	

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

Questions and Responses

1. Please clarify contractor responsibility to maintain HCW qualifications as addressed in (Page 165) Section 8. Performance Requirements for Surveillance and referenced H.7. If the contractor is responsible for maintaining qualification or credentialing files, are these files to also contain complete orientation/training documentation for each HCW in accordance with JCAHO and other such standards?

Answer: The Contractor is not responsible for maintaining complete orientation/training documentation for each HCW.

2. Question: Section 52.211-11 (Page 43): Do liquidated damages apply to the Health Educator?

Answer: Liquidated damages apply to all positions under the contract.

3. Question: (Page 109) Attachment 013 - RN's for Primary Care: What is the purpose for requiring RN's to report 15 minutes early to work when assigned to TPC Oceana and will this create overtime?

Answer: The Government determined the requirement to report 15 minutes early and will not create overtime.

4. Question: Does Attachment 005 (Page 75) apply to RN's in both the ER and Urgent Care Clinic.

Answer: Attachment 005 (Page 75) entitled "REGISTERED NURSE Emergency Department" applies to RN's in the ER. Emergent and Urgent Care RN SOW is Attachment 019 (CLIN 0002AC).

5. Question: What are the orientation requirements and contractor's orientation/training requirements for Medical Assistants working in the NICU and/or related areas (Attachment 016-Page 125)?

Answer: Orientation/training requirements are listed within each Attachment.

6. Question: What are the orientation requirements and contractor's orientation/training requirements for the RN Health Educator (Attachment 017-Page 128)?

Answer: See response to question #5.

7. Question: Orientation is addressed in multiple locations throughout the RFP. The following list shows orientation responsibility by SLIN. With exception to SLIN 0007AA and 0008AA, is this correct?

<u>SLIN</u>	<u>NAVY PROVIDED</u>	<u>BILLABLE HOURS</u>	<u>NB HOURS</u>
0001AA/AB	Yes-during reg. schedule	NA	NA
0001AC	Yes-during reg. schedule	NA	NA
0001AD	Yes-during reg. schedule	NA	NA
0001AE	Yes-during reg. schedule	NA	NA
0002AA/AB	Yes-during reg. schedule	NA	NA
0003AA-AC	Yes-during reg. schedule	NA	NA
0004AA-AC	Yes-during reg. schedule	NA	NA
0005AA-AC	Yes-during reg. schedule	NA	NA
0006AA-AD	Yes-during reg. schedule	NA	NA
0007AA	Pending Clarification	Pending Clarification	Pending Clarification
0008AA	Pending Clarification	Pending Clarification	Pending Clarification

0009AA-AD	Yes-outside reg. schedule	48	32
0010AA-AD	Yes-outside reg. schedule	48	32
0011AA-AD	Yes-outside reg. schedule	48	35

Answer: Billable hours for 0009AA-AD, 0010AA-AD, and 0011AA-AD should be 40 vice 48. Non-billable hours for 0009AA-AD and 0010AA-AD are 32 hours plus 8 hours for any additional rotation to another "primary care site". Non-billable hours for 0011AA-AD are 35 hours plus 8 hours for any additional rotation to another "primary care site".

8. Question: Who are the incumbent Contractors?

Answer: The Chesapeake Center, Hunter Medical, Inc., Sterling Medical Assoc.

9. Question: The period of performance listed on N62645-02-D-0001 and 0002 (for Hunter Medical and Sterling Medical Associates) is 1 October 2002 through 30 September 2002. Are these incumbent companies and does this mean that the work will be shared with these companies during the first five months of the new contract? Our presumption is that this is to provide continuity of experienced service providers.

Answer: Attached task orders are for the incumbent services. With the change in period of performance provided in this amendment, there is no overlap of services.

10. Question: This question is to clarify how holiday and vacation hours are invoiced (for those personnel authorized to receive these benefits). Are these hours directly billed?

Answer: Yes.

11. Question: Is there a compensation contingency plan should an emergency require a HCW who does not receive holiday pay to work on a holiday? How frequently would this situation occur?

Answer: This is not a frequent occurrence and would be dealt with on a case-by-case basis.

12. Question: On page 128, Attachment 017, paragraph 3.3. This paragraph ends by stating "The health care worker shall be compensated by the contractor for these periods of planned absence." None of the previous attachments stating that services are not required on holidays makes this statement. Is there significance to this statement or particular labor category?

Answer: No.

13. Question: On page 31, paragraph C.3.4.2. Please define "coverage positions."

Answer: See Section C.4.3.

SECTION B Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		.00			

Nursing Services at NMCP Minimum Quantities

FFP - Period of Performance 1 Oct 2003 through 30 September 2004

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA		6,048.00	Hours		

RN at NMCP

FFP - Ambulatory/Same Day Surgery Clinic

Day Shift

(See Attachment 001)

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AE		4,032.00	Hours		

LPN at NMCP

FFP - Pain Clinic

(See Attachment 004)

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
---------	-------------------	----------	------	------------	--------

0002

.00

Nursing Services at NMCP Minimum Quantities

FFP - Period of Performance 1 Oct 2003 through 30 September 2004

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
---------	-------------------	----------	------	------------	--------

0002AA

5,040.00

Hours

RN at NMCP

FFP - Emergency Department

Day Shift

(See Attachment 005)

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
---------	-------------------	----------	------	------------	--------

0002AB

5,040.00

Hours

RN at NMCP

FFP - Emergency Department

Night Shift

(See Attachment 005)

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002AC	RN at NMCP FFP - Emergent and Urgent Care (See Attachment 019)	8,352.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002AD	LPN at NMCP FFP - Emergent and Urgent Care (See Attachment 020)	18,792.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003	Nursing Services at NMCP Minimum Quantities FFP - Period of Performance 1 Oct 2003 through 30 September 2004	.00			

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003AA	RN at NMCP FFP - Psychiatry Department Day Shift (See Attachment 006)	6,048.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003AB	RN at NMCP FFP - Psychiatry Department Evening Shift (See Attachment 006)	2,016.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003AC	RN at NMCP FFP - Psychiatry Department Night Shift (See Attachment 006)	4,032.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004		.00			
	Nursing Services at NMCP Minimum Quantities				
	FFP - Period of Performance 1 Oct 2003 through 30 September 2004				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004AA		8,064.00	Hours		
	RN at NMCP				
	FFP - Breast Care Clinic				
	(See Attachment 007)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004AB		2,016.00	Hours		
	RN at NMCP				
	FFP - Vascular Surgery Clinic				
	(See Attachment 008)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004AC	RN at NMCP FFP - Orthopedics Clinic (See Attachment 009)	2,016.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005	Nursing Services at NMCP Minimum Quantities FFP - Period of Performance 1 Oct 2003 through 30 September 2004	.00			

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005AA	RN at NMCP FFP - Adult Medical Care Service Line (See Attachment 008)	4,032.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005AC	RN at NMCP FFP - Family Care Service Line (See Attachment 008)	4,032.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005AD	LPN at NMCP FFP - Family Care Service Line (See Attachment 010)	6,048.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006	Nursing Services at NMCP Minimum Quantities FFP - Period of Performance 1 Oct 2003 through 30 September 2004	.00			

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006AA	LPN at NMCP FFP - OB/GYN Clinic (See Attachment 011)	2,016.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006AB	CNA at NMCP FFP - OB/GYN Clinic (See Attachment 012)	10,080.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006AC	RN at NMCP FFP - Pediatric Clinic (See Attachment 008)	2,016.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006AD	LPN at NMCP FFP - Pediatric Clinic (See Attachment 010)	8,064.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0007	Medical Assistant Services Minimum Quantities FFP - Period of Performance 1 Oct 2003 through 30 September 2004	.00			
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0007AA	MA at NMCP FFP - NICU (See Attachment 016)	3,132.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0008		.00			
	RN Services Minimum Quantities				
	FFP - Period of Performance 1 Oct 2003 through 30 September 2004				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0008AA		4,176.00	Hours		
	Health Educator at NMCP and BMCs				
	FFP - (See Attachment 017)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0008AB		2,088.00	Hours		
	RN Case Manager at NMCP				
	FFP - (See Attachment 021)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009		.00			
	Registered Nurse Services at TPCs Min Quantities				
	FFP - Period of Performance 1 Oct 2003 through 30 September 2004				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009AA		13,240.00	Hours		
	RN at TPC Boone				
	FFP - (See Attachment 013)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009AB		9,674.00	Hours		
	RN at TPC Chesapeake				
	FFP - (See Attachment 013)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009AC	RN at TPC Oceana FFP - (See Attachment 013)	8,378.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009AD	RN at TPC Virginia Beach FFP - (See Attachment 013)	11,226.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009AE	RN at TPC Northwest FFP - (See Attachment 013)	2,142.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010		.00			
	Licensed Practical Nurse Services at TPCs MIN QTY				
	FFP - Period of Performance 1 Oct 2003 through 30 September 2004				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010AA		7,038.00	Hours		
	LPN at TPC Boone				
	FFP - (See Attachment 014)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010AB		18,148.00	Hours		
	LPN at TPC Chesapeake				
	FFP - (See Attachment 014)				

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010AC	LPN at TPC Oceana FFP - (See Attachment 014)	5,512.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010AD	LPN at TPC Virginia Beach FFP - (See Attachment 014)	21,816.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011	Medical Assistant Services at TPCs & NMCP MIN QTY FFP - Period of Performance 1 Oct 2003 through 30 September 2004	.00			

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011AA	MA at TPC Boone FFP - (See Attachment 015)	38,418.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011AB	MA at TPC Chesapeake FFP - (See Attachment 015)	22,922.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011AC	MA at TPC Oceana FFP - (See Attachment 015)	15,812.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011AD	MA at TPC Virginia Beach FFP - (See Attachment 015)	29,298.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011AE	MA at NMCP FFP - Emergency Department (See Attachment 018)	4,302.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012	Orientation at TPCs and NMCP FFP - Not Initially Priced	.00			

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012AA	Orientation at NMCP FFP - Not Initially Priced Maximum Quantity 15,000 hours	.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012AB	Orientation at TPC Oceana FFP - Not Initially Priced Maximum Quantity 15,000 hours	.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012AC	Orientation at TPC Boone FFP - Not Initially Priced Maximum Quantity 30,000 hours	.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012AD	Orientation at TPC Virginia Beach FFP - Not Initially Priced Maximum Quantity 32,000 hours	.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012AE	Orientation at TPC Chesapeake FFP - Not Initially Priced Maximum Quantity 25,000 hours	.00	Hours		
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013	Travel for TPCs and NMCP FFP - Not Initially Priced	.00			
					<hr/>
				NET AMT	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013AA	Travel for NMCP FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013AB	Travel for TPC Oceana FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013AC	Travel for TPC Boone FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013AD	Travel for TPC Virginia Beach FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013AE	Travel for TPC Chesapeake FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014	Incentive Awards for TPCs and NMCP FFP - Not Initially Priced	.00			

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AA	Incentive Awards for NMCP FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AB	Incentive Awards for TPC Oceana FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AC	Incentive Awards for TPC Boone FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AD	Incentive Awards for TPC Virginia Beach FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AE	Incentive Awards for TPC Chesapeake FFP - Not Initially Priced Quantity to be Determined	.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0015	Registered Nurse Services Maximum Quantities FFP - Not Initially Priced	2,490,879.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0016	Licensed Practical Nurse Services Max Quantities FFP - Not Initially Priced	1,454,868.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0017	Medical Assistant Services Maximum Quantities FFP - Not Initially Priced	1,059,786.00	Hours		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0018	Certified Nurse Assistant Services Max Quantities FFP - Not Initially Priced	121,569.00	Hours		

NET AMT

B.1. The Contractor shall furnish qualified Healthcare Workers in accordance with Section C (Statement of Work), Section H (Personnel Qualifications), and individual Task Orders for these services. Government requirements for

contracted healthcare personnel will be filled via issuance of Task Orders against this contract. All healthcare workers providing services under this contract shall be pre-approved by the Contracting Officer's Representative (COR).

B.2. This solicitation is intended to result in multiple indefinite-delivery / indefinite-quantity (IDIQ) contract awards, as identified under FAR 16.504. Task Orders will be priced on a firm fixed price basis.

B.3. The following activity is solely authorized to issue Task Orders:

Naval Medical Logistics Command
Code 02
1681 Nelson Street
Fort Detrick MD 21702-9203

B.4. The Contracting Officer will place Task Orders using a signed DD Form 1155. Task Orders will be executed in writing by the Contracting Officer and transmitted either via mail, facsimile, or electronically via e-mail. If the order is transmitted via e-mail, the contractor shall acknowledge receipt of e-mail.

a. Performance of Healthcare Worker services at any Department of Defense or Coast Guard military treatment facilities (MTFs), branch medical clinics (BMCs), or other activities within the State of Virginia including any and all other activities which fall under the cognizance of the aforementioned Department of Defense or United States Coast Guard facilities who have been granted authority under 10 U.S.C 1091 are contemplated by this contract and shall be considered within the scope of this contract.

b. In the event that performance requirements at a particular facility differ slightly from that expressed in Section C, those differences shall be defined in the Task Order statement of work that will be incorporated as part of the Task Order.

B.5. Each Task Order will contain at a minimum the following information:

- a. The date of order
- b. Contract number and order number
- c. Description of services (Labor category, Specific duties, Position qualifications, Place of performance, Hours of operation and, Quantity required.
- d. The unit price
- e. The period of performance
- f. Accounting and appropriation data
- g. Payment office address
- h. Any other pertinent data
- i. Invoicing and Acceptance instructions
- j. Name of the COR

B.6. Services may be required at any of the locations listed below (each Task Order shall specify the place of performance):

Naval Medical Center Portsmouth (NMCP)
620 John Paul Jones Circle
Portsmouth, VA 23708-5000

Tricare Prime Clinic (TPC) located within the
Branch Medical Clinic
Naval Air Station Oceana
1550 Tomcat Blvd. Suite 150
Virginia Beach, VA 23460-5140

Tricare Prime Clinic located within the
Branch Medical Clinic (Boone)
Naval Amphibious Base Little Creek
1035 Nider Blvd
Norfolk, VA 23521-2731

Tricare Prime Clinic (Primary Care)
Chesapeake
1011 Eden Way North, Suite H
Chesapeake VA 23320

Tricare Prime Clinic (Primary Care)
Virginia Beach
2100 Lynn Haven Parkway, Suite 201
Virginia Beach, VA 23456

Dam Neck Branch Medical Clinic
Fleet Training Center Dam Neck
Virginia Beach, VA

Northwest Branch Medical Clinic
4501 Relay Road
Chesapeake, VA 23322

Naval Weapons Station Branch Medical Clinic
Yorktown, VA

B.7. Minimum and Maximum Quantities. Contract Minimum and Maximum quantities are identified in Section B.11. The Government intends to make multiple awards from this solicitation. A portion of the contract minimum requirements will be awarded to each contract awardee via Task Orders issued concurrently with award of the basic contracts. The Contracting Officer will select and award at least one Contract Line Item Number (CLIN) from CLINs 0001 through 0011 in Section B to each awardee. Initial Task Orders will be awarded concurrently at the time of contract award and will contain, in the aggregate, all services identified as the Government's minimum requirements. The location of performance for services exceeding the minimum quantities may be provided at any location listed in Section B.6 plus any other DoD or United States Coast Guard facilities in the geographic region defined in Section B.4.a.

HEALTHCARE WORKER POSITIONS

Minimum Requirements (in alphabetical order):

Certified Nursing Assistant - Obstetric Outpatient Clinic
Licensed Practical Nurse (LPN) - Ambulatory/Same Day Surgery
LPN - Emergent and Urgent Care
LPN - Obstetric Outpatient Clinic Lines
LPN - Pain Clinic
LPN - Pediatric, Adult Medical and Family Care Services
LPN - Primary Care
Medical Assistant (MA) - Emergent and Urgent Care
MA - NICU, Transitional/Observational Nursery, 4K, 4L, and the Pediatric Ward
MA - Primary Care
Registered Nurse (RN) - Ambulatory/Same Day Surgery
RN - Breast Clinic
RN - Emergency Department
RN - Emergent and Urgent Care

RN - Health Educator
RN - Orthopedic Outpatient Department
RN - Pain Clinic
RN - Pediatric, Adult Medical and Family Care Service Lines, and Vascular Surgery Clinics
RN - Primary Care
RN - Psychiatry In-Patient

NOTE: Section J, Attachment 025 contains the Service Contract Act Wage Determinations for the minimum requirements.

Maximum Requirements (in alphabetical order):

Certified Nursing Assistants (In and Outpatient)
Licensed Practical Nurses (In and Outpatient)
Medical Assistants (In and Outpatient)
Registered Nurses (In and Outpatient)

The procedures for the preparation of the initial proposal in response to this Request for Proposals and the evaluation procedures to be employed for award of the initial Task Orders are contained in Section L of this solicitation. The Statements of Work for the initial Task Orders are contained in Attachments 001 through 020.

Instructions and procedures for subsequent Task Order preparation and award are contained in Section H of this solicitation.

B.8. The estimated ordering period is for 60 months beginning the first date services are required or until the time the Government has issued Task Orders totaling the maximum quantity.

B.9. The period of performance of any one Task Order shall be for a period of twelve (12) months or less in duration.

B.10. The Government reserves the right to reassign healthcare workers within a MTF, Branch Clinics, or Tricare Outpatient Clinics, to meet patient demand.

B.11. The schedule of services the Government intends to acquire from contract awardees is provided below. CLINs may contain Sub-Line Item Numbers (SLINs) that provide the total minimum quantity of hours required for each position. The unit price for each SLIN is to be stated (proposed) in hours.

Offerors shall provide hourly and total prices for the **minimum quantities (CLINs 0001 through 0011) and Notional Task Orders (NTO 0001) only.**

Services under the same CLIN may be ordered in more than one Task Order and/or more than once throughout the duration of the contract. Notional Task Order NTO 0001 (Attachment 029) provides a representative sample of pricing for CLINs 0015 through 0018. The Notional Task Order shall be evaluated in accordance with instruction specified in Sections L & M. No awards will result from an offerer's proposal in response to these Notional Task Orders.

Unit prices shall be stated in "hours" on each individual Task Order.

SECTION C Descriptions and Specifications

NOTE 1: The use of, "Commander " means the Commander of the military medical treatment facility or equivalent Government official, e.g. Contracting Officer's Representative (COR), Technical Assistant (TA), or Department Head at any of the locations of service as specified in Section B. This individual will be specified in each individual Task Order.

NOTE 2: The term, "Contractor" means the offeror identified in block 15A of the Standard Form 33 or block 7 of the Standard Form 26 and its healthcare workers who are providing services under Task Orders placed under the contract.

NOTE 3: The term, "healthcare worker" refers to the individual(s) providing services under this contract.

NOTE 4: The abbreviation, "MTF" refers to any military (including USCG) medical treatment facility(s) within the scope of this contract.

STATEMENT OF WORK

C.1. GENERAL INFORMATION. This Statement of Work (SOW) applies to all positions encompassed within this contract. Position specific SOWs for the Government's minimum quantities (Contract Line Item Number(s) (CLINs) 0001 through 0011) are attached to this solicitation. Additional Position Specific SOWs for CLINs 0015 through 0018 will be included with the subsequently issued Task Order Proposals Requests (TOPRs). Travel requirements are not applicable to CLINs 0001 through 0011 at the time of award but may be included via modification to those Task Orders when funded by the applicable MTF. Travel requirements (CLIN 0013) applicable to CLINs 0015 through 0018 will be identified either when TOPRs are issued or via modifications to those Task Orders. The Government reserves the right to make incentive awards, and direct the contractor to pass these incentives on to the individual healthcare worker they are intended for (see H.11.5). These awards will be site or positions specific based upon the Government's best business practice plan to minimize turnover, maximize the mission of the command and/or reward exemplary individual work. Incentive Plans (CLIN 0014) are not applicable to CLINs 0001 through 0011 but may be included with the subsequent TOPRs for CLINs 0015 through 018.

C.1.1. The Contractor shall provide, in accordance with this contract and each Task Order, medical and healthcare services at the locations specified in Schedule B and each individual Task Order.

C.1.2. During the term of this contract the Contractor agrees to provide, on behalf of the Government, the services identified in each Task Order for treatment of active duty military personnel and other eligible beneficiaries, in accordance with the terms and conditions of this contract.

C.1.3. While on duty, healthcare workers shall not advise, recommend or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the healthcare worker when they are not on duty, or from a partner or group associated in practice with the Contractor or healthcare worker, except with the express written consent of the Commander. The Contractor shall not bill individuals entitled to those services rendered pursuant to this contract.

C.1.4. The healthcare workers shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains, and shall fit correctly. Fingernails shall be clean and free from dirt and hair shall be neatly trimmed and combed. The healthcare workers shall display an identification badge (furnished by the Government) on the right breast of his or her outer clothing, which includes the healthcare worker's full name and professional status. Security badges provided by the Government shall be worn when on duty and must be obtained prior to commencement of services.

C.1.5. The healthcare worker(s) shall be physically capable of standing and/or sitting for extended periods of time and capable of normal ambulation.

C.1.6. In each TOPR the Government will disclose specific information concerning the type(s), duration and location(s) of the services to be provided. This notice may include the number of work hours per day that constitutes the “shift” of an individual healthcare worker, the number of hours/shifts required, the times that hours/shifts will be scheduled, and the places where these hours/shifts will be performed. In the event that a TOPR calls for shifts lasting more than 8 hours per day, the parties agree that the Contractor is solely responsible for investigating and determining the applicability of any state and/or local wage or overtime compensation laws with regard to its performance. It is further agreed that the Contractor assumes any and all risk as to the accuracy of its judgement. Accordingly, since the Task Order price reflects the Contractor’s determination, the Contractor shall not be entitled to any equitable price adjustment should a state and/or local agency charged with enforcement of such wage and overtime laws rule that the Contractor’s determination was erroneous.

C.1.7. The Government retains the right to additionally specify requirements in individual Task Orders as they relate to differences between specific positions, among specific military services (i.e. Army, Navy, Marine Corps, Air Force, etc) or, among specific service locations. These items will relate to items such as, but not limited to, leave accrual rates, work hour adjustments, credentialing requirements, holiday service, general/administrative duties and/or, training. In these cases, the specific issue will be referenced and addressed in the Task Order.

C.1.8. As directed by the Government, healthcare workers may be required to travel to provide services, undergo training or attend conferences when in the best interest of the Government and patient care. These travel requirements will be funded using CLIN 0013 and the appropriate MTF-specific SLIN and do not relate to the initial requirements contained in Attachments 001 through 020.

C.1.9. The healthcare workers ARE NOT prohibited, by reason of employment under this contract, from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which the healthcare worker is required to render services under this contract. The healthcare workers shall make no use of Government facilities or property in connection with such other employment. (See Attachment 028, NAVMED P-117)

C.2. SUITS ARISING OUT OF MEDICAL MALPRACTICE

C.2.1. The healthcare worker(s) is (are) serving at the MTF under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the healthcare worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. The healthcare worker(s) is not required to maintain medical malpractice liability insurance.

C.2.2. Healthcare workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual healthcare worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C.3. DUTY HOURS.

C.3.1. The Government will identify specific duty hours in each individual Task Order. Unless otherwise specified, services required by an individual healthcare worker shall not exceed 80 hours per two-week (14 consecutive days) period. Any changes in the schedule shall be coordinated between the Contractor and the Government. The healthcare workers shall arrive for each scheduled shift in a well-rested condition as determined by the Government with a minimum of six hours of rest between shifts.

C.3.2. Unless otherwise stated in the Task Orders, each position that accrues leave shall be staffed by full-time (40 hours per week) healthcare workers who possess the minimum qualified specified in Section H.6., Personnel Qualified, and in the position specific requirements provided with each Task Order; and the Contractor shall provide no more than two individuals for each full time equivalent (FTE) for positions that do not accrue leave.

C.3.3. Individual healthcare workers may be temporarily assigned to another location within a 50 mile commuting area of their assigned MTF/Clinic for a period up to 30 days. Any such temporary changes will be at the mutual agreement of the Government and the Contractor.

C.3.4. Federal Holidays. The Government observes the following 10 established federal holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

C.3.4.1. For positions which accrue leave, the Government will compensate the Contractor for these periods of authorized absence. The Contractor shall, in turn, compensate the healthcare worker for these periods of authorized planned absence.

C.3.4.2. For positions which do not accrue leave (coverage positions), all days are treated equally and the Government will not compensate the Contractor for the 10 observed holidays.

C.3.5. When required, to ensure completion of services that extend beyond the normal close of business, the healthcare worker(s) shall remain on duty in excess of the scheduled shift without additional compensation from the Government.

C.3.6. In the instance where the Government directs the healthcare worker to remain on duty in excess of their scheduled shift due to an unforeseen emergency or to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health, the healthcare worker shall remain on duty. The healthcare worker will be given an equal amount of compensatory time to be scheduled upon mutual agreement of the Contractor and the Commander. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the shift.

C.3.7. If in response to Government requirements the contractor chooses to utilize nurses in a manner which incurs overtime expenses; these expenses are the responsibility of the Contractor.

C.4. ABSENCES, PLANNED AND UNPLANNED LEAVE, LEAVE WITHOUT PAY, AND CONTINUING EDUCATION.

C.4.1. Provisions for all Healthcare Workers.

C.4.1.1. Administrative Leave. The Commander retains the authority to grant administrative leave to healthcare workers for (a) unusual or compelling circumstances, (b) base closures or late arrivals (e.g., weather emergencies), (c) command related training, or (d) command activities at alternative work sites. The Commander will determine whether administrative leave is compensated leave.

C.4.1.2. Furlough. Except as otherwise provided in this paragraph or unless specifically authorized in a DoD Appropriations Act or a continuing resolution, the obligation of the contractor to perform services under this contract, and the Government's obligation to pay for such services, shall be suspended during a Government furlough. In the event of a Government furlough, the Commander will determine which Contractor employees are considered "critical" and therefore must report to work. Only Contractor employees deemed "critical" by the Government will be compensated for services rendered during a furlough. All other Contractor employees will be furloughed until the Government shutdown ends or the Contracting Officer's Representative notifies them that they have become "critical" employees.

C.4.1.3. Medical Emergencies. A healthcare worker with a bona-fide medical emergency occurring while on duty or with an on-the-job injury will be provided medical care until the condition is stabilized. The Contractor will reimburse the Government for all medical services provided unless the healthcare worker is otherwise entitled to Government healthcare services.

C.4.2. Provisions for Healthcare Workers Who Accrue Leave.

C.4.2.1. The healthcare worker shall follow the policy of the Commander regarding the request and use of both planned and unplanned leave. If the healthcare worker is absent for three or more consecutive unplanned days, the Commander may require written documentation from a qualified healthcare provider that the healthcare worker is free from communicable disease. The Government reserves the right to examine and/or re-examine any healthcare worker who meets this criterion.

C.4.2.2. Planned absences from assigned duties shall be requested with 15 days advance notice, in writing, to the Commander. Eight hours of personal leave are accrued by each healthcare worker at the end of every 80-hour period worked, equivalently apportioned for part-time employees. Personal leave shall be used for both planned (vacation) and unplanned absences (sickness). However, **leave accrual rates will be doubled for the first two pay periods of each Task Order (16 hours will be accrued for each of the first two 80-hour periods worked). No leave will accrue for the final two pay periods of a Task Order.** Leave accrues only to the individual healthcare worker providing services. The Contractor shall compensate the healthcare worker for these periods of authorized planned absence.

C.4.2.3. Unless otherwise specified in the Task Order Proposal Request, any and all unused leave accrued by the individual healthcare worker will be forfeited at the expiration of his or her period of performance. The Government may, in individual Task Order Proposal Request(s), allow the healthcare worker to carry unused leave across fiscal years, if such action will enhance continuity and/or, promote patient care.

C.4.2.4. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the healthcare worker gives notice of employment termination, all accrued leave must be used within that notice period, or forfeited.

C.4.2.5. Continuing Education. The Commander may also grant authorization for planned absences to allow the healthcare worker to attend continuing education courses. This is in addition to the planned and unplanned absences specified above. The Government will compensate the healthcare worker for these periods of authorized absence if the continuing education courses are required to maintain licensure or certifications. This compensation will not exceed 48 hours per 12 months. However, the Commander may also advance leave for continuing education, so long as the total per full-time equivalent does not exceed 48 hours per 12 months, equivalently apportioned for part-time employees. The Government will not reimburse the healthcare worker for the cost of any course tuition and/or other related education expense. The healthcare worker shall provide proof of attendance and successful completion of continuing education to the Commander upon request.

C.4.2.6. Leave Without Pay. Upon exhaustion of any leave balance the healthcare worker shall enter a leave without pay (LWOP) status. Unless waived by the Contracting Officer, the Contractor is required to provide a replacement for any healthcare worker who has been on LWOP status for a total of 40 hours or more during any period of performance, equivalently apportioned for part-time employees. At the discretion of the Commander, LWOP taken in conjunction with maternity leave is not subject to this limitation.

C.4.2.7. Maternity Leave. Up to twelve weeks of maternity "leave without pay" may be granted to the healthcare worker during the period of the Task Order if either of two conditions should occur: (1) the birth of a son or daughter of the healthcare worker and the care of such son or daughter; or (2) the placement of a son or daughter with the healthcare worker for adoption or foster care. The Commander and healthcare worker will agree on the length of maternity leave. At the option of the Government and pursuant to paragraphs herein, any or all accrued leave (leave with pay) shall be first applied towards maternity leave before going into a leave without pay status.

C.4.2.8. Military Reserve Leave. Documented military leave for military reservists is permitted, not to exceed 15 calendar days per 12-month period worked. This leave may be taken intermittently, i.e., one day at a time. Military leave is compensated leave. The healthcare worker shall follow the policy of the MTF with respect to notification of scheduled military duties to the Commander.

C.4.2.9. Should a healthcare worker be unable to perform duties under any Task Order due to medical or physical disability for more than 13 consecutive days, that individuals' performance under the Task Order may be suspended

by the Contracting Officer until such medical or physical disability is resolved. If performance under the Task Order is so suspended, no reimbursement shall be made to the contractor for the affected healthcare worker so long as performance is suspended.

C.4.2.10. In the case of award of a logical follow-on task order, any and all leave accrued by the health care worker in accordance with position specific statement of work may be carried over to the next fiscal year. Any remaining leave accumulated prior to 30 Sep and not used by 31 Dec will be forfeited. If the contract is terminated for default, there will be no reimbursement of any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued leave must be used within that notice period, or forfeited. Unplanned leave taken during this period shall be supported by a physician's statement of illness upon request.

C.4.2.11. Jury Duty Leave. Administrative leave may be granted for health care workers selected to serve jury duty. Requests for administrative jury duty leave shall be submitted to the Commander in the same manner as planned leave is requested. The health care worker is required to provide the Commander with as much written notice as possible prior to reporting for jury duty, and is responsible for supplying documentation regarding the necessity for and length of absence for jury duty. A health care worker whose position is deemed critical by the Commander may be issued a written request for the court to excuse the health care worker from jury duty.

C.4.3. For Positions For Which Replacement Coverage Is Required. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences and will be annotated in the Task Order.

C.4.3.1. The Contractor shall have sufficient qualified reserve personnel so that all services are provided in the event a healthcare worker scheduled to work becomes ill, resigns, is terminated, or is otherwise unavailable to work. Contract requirements are not mitigated by inclement weather.

C.4.3.2. If a healthcare worker becomes ill or is otherwise unable to fulfill his/her obligation to work, due to an unforeseen emergency (e.g. car accident, inclement weather, immediate unexpected illness, etc), the healthcare worker shall notify the Contractor who in turn shall immediately notify the appropriate Government representative. Additionally, the Contractor shall notify the COR on the following weekday (Monday through Friday, excluding federally observed holidays).

C.4.3.3. The Contractor is responsible for replacing a healthcare worker who will miss more than 2 hours of service or has more than 2 hours of service remaining as a result of illness or an emergency. The COR will review all unfilled hours of service on a case-by-case basis and make a determination of any mitigating events that may, upon receipt of additional information, determine that the Contractor's behavior was acceptable in that single case.

C.4.3.4. The Contractor shall provide replacement coverage by a healthcare worker who, at a minimum, meets the minimum healthcare worker contract qualifications and is approved for work (e.g., has been credentialed and privileged as appropriate and has satisfactorily completed orientation). This position is intended as a short-term, immediate measure in order to ensure continuity of care and fulfillment of shift coverage. It is not intended to replace the terms and conditions as specified in Section H.6.

C.5. FAILURE AND/OR INABILITY TO PERFORM

C.5.1. If the clinical privileges of a healthcare worker have been summarily suspended pending an investigation into questions of professional ethics or conduct, performance under the Task Order may be suspended until clinical privileges are reinstated. No reimbursement will be made to the Contractor for the affected healthcare worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate licensing authorities of the states in which the license is held.

C.5.2 Any healthcare worker(s) demonstrating impaired judgment will be removed from providing healthcare services. The Government reserves the right to remove any employee who, in the judgment of a licensed physician, is impaired by drugs or alcohol.

C.5.3 Any healthcare worker(s) with alcohol or drug abuse problems may be allowed to return to work under the terms of this contract only with prior Government approval.

C.5.4. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commander to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine and/or re-examine any health care worker who meets this criterion.

C.6. CONTRACT STATUS REVIEW (CSR) MEETINGS.

C.6.1. The Government expressly retains the right to require the Contractor to attend face-to-face meetings at the Government's facilities each 30-90 days. At these meetings, the Government will inform the Contractor of any contract or employee-related issues that require corrective action on the part of the Contractor. At a minimum, these meetings will discuss:

C.6.1.1. New healthcare workers who have begun providing services since the last CSR. The Government continually evaluates each healthcare worker's (a) personal interaction skills with patients and other staff, (b) their demonstrated fluency in the English language and, (c) their demonstrated familiarity with the equipment, supplies and materiel commonly used in the work site. At this meeting, the Government shall inform the Contractor of any employee-related issues that require corrective action on the part of the Contractor.

C.6.1.2. Contract administration issues relative to the efficient operation of the clinical setting,

C.6.1.3. Contractor generated opportunities or innovations aimed at improving services and,

C.6.1.4. Any other item to the mutual benefit of the Contractor and the Government.

C.6.2. The Contractor is advised that these meetings are strictly informational and will not change the terms and conditions of the contract. The contract can only be changed with a signed modification issued by the Contracting Officer.

C.6.3. The Government encourages the Contractor to institute probationary policies for new employees.

C.7. CREDENTIALING.

C.7.1. General Information.

C.7.1.1. Contractor employees shall not provide healthcare services until the Commander has granted professional staff membership and clinical privileges commensurate with their labor category. The Commander is the sole authority for granting and revoking privileges. The Government reserves the right to perform re-verification of credentials information. The Commander will not grant clinical privileges until the Government determines that credentials information has been satisfactorily verified. Therefore, the Navy considers Contractor employees within the MTF who are not currently privileged; fail to maintain their privileges; or, have privileges suspended or revoked to be a breach of contract. The Navy will make no payment for services resulting from services by such providers. Shifts covered or attempted to be covered by such providers are furthermore considered uncovered. The Government additionally reserves the right to terminate this contract for Default and/or shall institute other appropriate contractual and/or legal remedies for failure to comply with the terms and conditions of this contract.

C.7.1.2. The Government will not consider exceptions to the credentials review and clinical privileging process as defined by BUMEDINST 6320.66C , subsequent revisions and MTF instructions. The Contractor's failure to nominate individuals who meet the terms and conditions of this contract, including the requirements of BUMEDINST 6320.66C, shall not excuse non-performance of contract requirements. A copy of BUMEDINST 6320.66C may be obtained at <http://www-nmlc.med.navy.mil/Code02/6320.66Centire.pdf>.

C.7.1.3. The Contractor shall promptly replace any healthcare provider who fails to maintain staff appointment, clinical privileges or active current license. These individuals will not be permitted to perform services under this contract.

C.7.1.4. Any Contractor or Contractor employee under suspension or investigation at any facility or licensing agency shall not be permitted to provide service under this contract. The Contractor shall notify the COR within 24 hours of occurrence of suspension concerning itself or any of its employees. These individuals may only provide services if the Commander has subsequently restored privileges.

C.7.1.5. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate state and national licensing and certification agencies, applicable professional clearing houses and the National Practitioners Database.

C.7.1.6. The Government will appoint a member of MTF's Professional Affairs staff to coordinate with the COR all matters relating to credentialing and privileging. The Contractor shall appoint a member of its professional affairs or recruitment staff to coordinate with the COR the submission of credentialing and privileging information, assuring each file constitutes a complete and valid application for all healthcare workers.

C.7.1.7. Unless otherwise specified in an individual Task Order, the Government reserves the right to extend the credentials of a healthcare worker who has been granted delineated clinical privileges on a predecessor contract without a new or additional credentialing action. This extension may only occur (a) within the same command and, (b) when there is no increased clinical competency requirement of the healthcare worker and, (c) when there is no significant change in the scope of clinical practice of the healthcare worker and, (d) when there is no gap in performance between the contracts and, (e) when the healthcare worker has had acceptable performance evaluations.

C.7.1.8. Notwithstanding any actions taken or forbore by the Government's representative, the responsibility to provide fully qualified Contractor employees remains solely with the Contractor. Nothing herein shall limit the Commander's decision to deny clinical privileges to Contractor employees or to revoke clinical privileges already granted.

C.7.1.9. The MTF will retain the credentials documentation submitted for each healthcare worker within an official Individual Credentials File (ICF) or Individual Professional File (IPF) in accordance with JCAHO, MTF and, Bureau of Medicine and Surgery instructions and directives. The Contractor shall ensure that all documentation necessary to keep each individual file current is submitted to the MTF Professional Affairs Coordinator via COR for inclusion in each file.

C.7.1.10. The Contractor shall maintain a complete employment file for each Contractor employee during the life of this contract. This file shall contain, at a minimum, all the documentation submitted to the Government for each employee. This file and the documents therein shall be kept current and will be made available for Government inspection upon request.

C.7.2. Individual Credentials Files (ICFs).

C.7.2.1. Following award of a Task Order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed ICF. The ICF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in BUMEDINST 6320.66C and subsequent revisions. ICFs for healthcare practitioners who do not currently have an ICF on file at the facility shall be submitted at least 90 days prior to commencement of services as specified in BUMEDINST 6320.66C and subsequent revisions unless otherwise specified in the individual Task Order. For those healthcare providers who currently have an ICF on file, an updated Personal and Professional Information Sheet (PPIS) for Privileged Providers, with notation that a complete up-to-date ICF is on file, and completed closeout Performance Appraisal Report shall be submitted no less than 15 days prior to commencement of services.

C.7.3. Individual Professional Files (IPFs).

C.7.3.1. Following award of a Task Order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed IPF. The IPF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in BUMEDINST 6320.66C and subsequent revisions. For those healthcare personnel who do not currently have an IPF on file at the facility, IPFs shall be submitted at least 60 days prior to commencement of services as specified in BUMEDINST 6320.66C and subsequent revisions unless otherwise specified in the individual Task Order. For those personnel who currently have an IPF on file, an updated Personal and Professional Information Sheet (PPIS) for Nonprivileged Providers, with notation that a complete up-to-date IPF is on file, and completed closeout Clinical Appraisal Report shall be submitted no less than 15 days prior to commencement of services.

C.7.4. Qualifications Packages.

C.7.4.1. The Contractor shall submit a qualifications package to the COR for each healthcare worker who is not required to submit either an ICF or an IPF (e.g., technicians, etc) at least 30 days prior to commencement of services unless otherwise stated in the Task Order. Prior to Contractor employees providing services under a Task Order, Professional Affairs via the COR will verify the compliance of healthcare workers with the qualification requirements appropriate to their labor category and as stated in the Task Order.

C.7.4.2. The Contractor shall submit all documentation necessary to demonstrate compliance with the qualification requirements as stated herein. The Contractor shall submit all documentation to the COR per the terms of the Task Order proposal request. The COR will retain the Qualifications Package.

C.8. GENERAL ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The healthcare worker shall perform a full range of services on site using Government furnished facilities, equipment and supplies. Actual clinical activity will be a function of the overall demand for these services. All healthcare workers shall:

C.8.1. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of scheduled working hours, the healthcare worker shall be required to read and initial the minutes of the meeting.

C.8.2. Participate in the provision of in-service training to members of the clinical and administrative staff on subjects germane to their specialties.

C.8.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

C.8.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

C.8.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of healthcare team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., technicians, students, etc.) assigned to the healthcare worker during the performance of their duties.

C.8.6. Maintain an awareness of the responsibility and accountability for their own professional practice.

C.8.7. Participate in continuing education to meet their individual professional licensure requirements.

C.8.8. Attend annual renewal of the following training requirements provided by the Government: family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens, and fire/safety.

C.8.9. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate standards for examination, documentation and reporting.

C.8.10. Unless otherwise stated in the individual Task Order, attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

C.8.11. Adhere to infection control guidelines and practice universal precautions.

C.8.12. Contribute to the safe and effective operation of equipment used in patient care within a safe working environment. This shall include safe practices of emergency procedures, proper handling of hazardous materials and maintaining physical security.

C.8.13. Undergo orientation, as appropriate to the position. Orientation may be waived for personnel who have previously provided service at the MTF. Orientation includes initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the CHCS and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements. In addition, healthcare workers identified as CHCS Super-users shall undergo additional training. Requirements for these CHCS Super-users will be specified in individual Task Order Proposal Requests.

C.9. CONTRACT ADMINISTRATIVE PLAN (CAP). Administration of the contract shall be conducted in accordance with the CAP (see Attachment 026).

C.10. JCAHO. The Contractor shall comply with the standards of the Joint Commission (www.jcaho.com), applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

C.10.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

C.10.2. The regulations and standards of professional practice of the treatment facility, and

C.10.3. The bylaws of the treatment facility's professional staff.

SECTION E Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	N/A	N/A	N/A	N/A
0001AA	Destination	Government	Destination	Government
0001AE	Destination	Government	Destination	Government
0002	N/A	N/A	N/A	N/A
0002AA	Destination	Government	Destination	Government
0002AB	Destination	Government	Destination	Government
0002AC	Destination	Government	Destination	Government
0002AD	Destination	Government	Destination	Government
0003	N/A	N/A	N/A	N/A
0003AA	Destination	Government	Destination	Government
0003AB	Destination	Government	Destination	Government
0003AC	Destination	Government	Destination	Government
0004	N/A	N/A	N/A	N/A
0004AA	Destination	Government	Destination	Government
0004AB	Destination	Government	Destination	Government
0004AC	Destination	Government	Destination	Government
0005	N/A	N/A	N/A	N/A
0005AA	Destination	Government	Destination	Government
0005AC	Destination	Government	Destination	Government
0005AD	Destination	Government	Destination	Government
0006	N/A	N/A	N/A	N/A
0006AA	Destination	Government	Destination	Government
0006AB	Destination	Government	Destination	Government
0006AC	Destination	Government	Destination	Government
0006AD	Destination	Government	Destination	Government
0007	N/A	N/A	N/A	N/A
0007AA	Destination	Government	Destination	Government
0008	N/A	N/A	N/A	N/A
0008AA	Destination	Government	Destination	Government
0008AB	Destination	Government	Destination	Government
0009	N/A	N/A	N/A	N/A
0009AA	Destination	Government	Destination	Government
0009AB	Destination	Government	Destination	Government
0009AC	Destination	Government	Destination	Government
0009AD	Destination	Government	Destination	Government
0009AE	Destination	Government	Destination	Government
0010	N/A	N/A	N/A	N/A
0010AA	Destination	Government	Destination	Government
0010AB	Destination	Government	Destination	Government
0010AC	Destination	Government	Destination	Government
0010AD	Destination	Government	Destination	Government
0011	N/A	N/A	N/A	N/A
0011AA	Destination	Government	Destination	Government
0011AB	Destination	Government	Destination	Government
0011AC	Destination	Government	Destination	Government
0011AD	Destination	Government	Destination	Government
0011AE	Destination	Government	Destination	Government

0012	N/A	N/A	N/A	N/A
0012AA	Destination	Government	Destination	Government
0012AB	Destination	Government	Destination	Government
0012AC	Destination	Government	Destination	Government
0012AD	Destination	Government	Destination	Government
0012AE	Destination	Government	Destination	Government
0013	N/A	N/A	N/A	N/A
0013AA	Destination	Government	Destination	Government
0013AB	Destination	Government	Destination	Government
0013AC	Destination	Government	Destination	Government
0013AD	Destination	Government	Destination	Government
0013AE	Destination	Government	Destination	Government
0014	N/A	N/A	N/A	N/A
0014AA	Destination	Government	Destination	Government
0014AB	Destination	Government	Destination	Government
0014AC	Destination	Government	Destination	Government
0014AD	Destination	Government	Destination	Government
0014AE	Destination	Government	Destination	Government
0015	Destination	Government	Destination	Government
0016	Destination	Government	Destination	Government
0017	Destination	Government	Destination	Government
0018	Destination	Government	Destination	Government

CLAUSES INCORPORATED BY REFERENCE:

52.246-4 Inspection Of Services--Fixed Price

AUG 1996

CLAUSES INCORPORATED BY FULL TEXT

INSPECTION AND ACCEPTANCE

- (a) The contracting Officer's duly authorized representative, the Contracting Officer's Representative (COR), will perform inspection and acceptance of services to be provided.
- (b) For the purposes of this clause, the names of the COR will be assigned in each individual task order issued.
- (c) Inspection and acceptance will be performed at the locations listed in the position specific Statements of Work provided as attachments to this solicitation or in subsequent task orders.

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://www.arnet.gov/far>

SECTION F Deliveries or Performance

DELIVERY INFORMATION

CLINS	DELIVERY DATE	UNIT OF ISSUE	QUANTITY	FOB	SHIP TO ADDRESS
0001			.00		
0001AA	POP 01-OCT-03 TO 30-SEP-04	Hours	6,048.00	Dest.	N00183 NAVAL MEDICAL CENTER - PORTSMOUTH 620 JOHN PAUL JONES CIRCLE PORTSMOUTH VA 23708-2197
0001AE	POP 01-OCT-03 TO 30-SEP-04	Hours	4,032.00	Dest.	Same as CLIN 0001AA
0002			.00		
0002AA	POP 01-OCT-03 TO 30-SEP-04	Hours	5,040.00	Dest.	Same as CLIN 0001AA
0002AB	POP 01-OCT-03 TO 30-SEP-04	Hours	5,040.00	Dest.	Same as CLIN 0001AA
0002AC	POP 01-OCT-03 TO 30-SEP-04	Hours	8,352.00	Dest.	Same as CLIN 0001AA
0002AD	POP 01-OCT-03 TO 30-SEP-04	Hours	18,792.00	Dest.	Same as CLIN 0001AA
0003			.00		
0003AA	POP 01-OCT-03 TO 30-SEP-04	Hours	6,048.00	Dest.	Same as CLIN 0001AA
0003AB	POP 01-OCT-03 TO 30-SEP-04	Hours	2,016.00	Dest.	Same as CLIN 0001AA
0003AC	POP 01-OCT-03 TO 30-SEP-04	Hours	4,032.00	Dest.	Same as CLIN 0001AA
0004			.00		
0004AA	POP 01-OCT-03 TO 30-SEP-04	Hours	8,064.00	Dest.	Same as CLIN 0001AA
0004AB	POP 01-OCT-03 TO 30-SEP-04	Hours	2,016.00	Dest.	Same as CLIN 0001AA
0004AC	POP 01-OCT-03 TO 30-SEP-04	Hours	2,016.00	Dest.	Same as CLIN 0001AA
0005			.00		
0005AA	POP 01-OCT-03 TO 30-SEP-04	Hours	4,032.00	Dest.	Same as CLIN 0001AA
0005AC	POP 01-OCT-03 TO 30-SEP-04	Hours	4,032.00	Dest.	Same as CLIN 0001AA
0005AD	POP 01-OCT-03 TO 30-SEP-04	Hours	6,048.00	Dest.	Same as CLIN 0001AA
0006			.00		
0006AA	POP 01-OCT-03 TO 30-SEP-04	Hours	2,016.00	Dest.	Same as CLIN 0001AA
0006AB	POP 01-OCT-03 TO 30-SEP-04	Hours	10,080.00	Dest.	Same as CLIN 0001AA
0006AC	POP 01-OCT-03 TO 30-SEP-04	Hours	2,016.00	Dest.	Same as CLIN 0001AA
0006AD	POP 01-OCT-03 TO 30-SEP-04	Hours	8,064.00	Dest.	Same as CLIN 0001AA
0007			.00		

0007AA	POP 01-OCT-03 TO 30-SEP-04	Hours	3,132.00	Dest.	Same as CLIN 0001AA
0008			.00		
0008AA	POP 01-OCT-03 TO 30-SEP-04	Hours	4,176.00	Dest.	Same as CLIN 0001AA
0008AB	POP 01-OCT-03 TO 30-SEP-04	Hours	2,088.00	Dest.	Same as CLIN 0001AA
0009			.00		
0009AA	POP 01-OCT-03 TO 30-SEP-04	Hours	13,240.00	Dest.	Same as CLIN 0001AA
0009AB	POP 01-OCT-03 TO 30-SEP-04	Hours	9,674.00	Dest.	Same as CLIN 0001AA
0009AC	POP 01-OCT-03 TO 30-SEP-04	Hours	8,378.00	Dest.	Same as CLIN 0001AA
0009AD	POP 01-OCT-03 TO 30-SEP-04	Hours	11,226.00	Dest.	Same as CLIN 0001AA
0009AE	POP 01-OCT-03 TO 30-SEP-04	Hours	2,142.00	Dest.	Same as CLIN 0001AA
0010			.00		
0010AA	POP 01-OCT-03 TO 30-SEP-04	Hours	7,038.00	Dest.	Same as CLIN 0001AA
0010AB	POP 01-OCT-03 TO 30-SEP-04	Hours	18,148.00	Dest.	Same as CLIN 0001AA
0010AC	POP 01-OCT-03 TO 30-SEP-04	Hours	5,512.00	Dest.	Same as CLIN 0001AA
0010AD	POP 01-OCT-03 TO 30-SEP-04	Hours	21,816.00	Dest.	Same as CLIN 0001AA
0011			.00		
0011AA	POP 01-OCT-03 TO 30-SEP-04	Hours	38,418.00	Dest.	Same as CLIN 0001AA
0011AB	POP 01-OCT-03 TO 30-SEP-04	Hours	22,922.00	Dest.	Same as CLIN 0001AA
0011AC	POP 01-OCT-03 TO 30-SEP-04	Hours	15,812.00	Dest.	Same as CLIN 0001AA
0011AD	POP 01-OCT-03 TO 30-SEP-04	Hours	29,298.00	Dest.	Same as CLIN 0001AA
0011AE	POP 01-OCT-03 TO 30-SEP-04	Hours	4,302.00	Dest.	Same as CLIN 0001AA
0012			.00		
0012AA		Hours	.00	Dest.	Same as CLIN 0001AA
0012AB		Hours	.00	Dest.	Same as CLIN 0001AA
0012AC		Hours	.00	Dest.	Same as CLIN 0001AA
0012AD		Hours	.00	Dest.	Same as CLIN 0001AA
0012AE		Hours	.00	Dest.	Same as CLIN 0001AA
0013			.00		
0013AA		Hours	.00	Dest.	Same as CLIN 0001AA
0013AB		Hours	.00	Dest.	Same as CLIN 0001AA
0013AC		Hours	.00	Dest.	Same as CLIN 0001AA
0013AD		Hours	.00	Dest.	Same as CLIN 0001AA
0013AE		Hours	.00	Dest.	Same as CLIN 0001AA
0014			.00		
0014AA		Hours	.00	Dest.	Same as CLIN 0001AA
0014AB		Hours	.00	Dest.	Same as CLIN 0001AA
0014AC		Hours	.00	Dest.	Same as CLIN 0001AA
0014AD		Hours	.00	Dest.	Same as CLIN 0001AA

0014AE	Hours	.00	Dest.	Same as CLIN 0001AA
0015	Hours		Dest.	
		2,490,879.00		SEE DELIVERY/TASK ORDERS
0016	Hours		Dest.	Same as CLIN 0015
		1,454,868.00		
0017	Hours		Dest.	Same as CLIN 0015
		1,059,786.00		
0018	Hours		Dest.	Same as CLIN 0015
		121,569.00		

CLAUSES INCORPORATED BY REFERENCE:

52.242-15	Stop-Work Order	AUG 1989
52.242-17	Government Delay Of Work	APR 1984
252.246-7000	Material Inspection And Receiving Report	DEC 1991

PERIOD OF PERFORMANCE

Performance under the initial Task Orders (CLINs 0001 through 0011) shall be from 1 May 03 through 30 Sep 03.

The period of performance for subsequent orders will be specified in each Task Order.

PLACE OF PERFORMANCE

The specific locations of services to be furnished will be identified in each Task Order.

52.211-11 LIQUIDATED DAMAGES —SUPPLIES, SERVICES, OR RESEARCH AND DEVELOPMENT (SEP 2000)

(a) If the Contractor fails to deliver to deliver the supplies or perform the services within the time specified in this contract, or any extension, the Contractor shall, in place of actual damages, pay to the Government as fixed, agreed, and liquidated damages:

1) For any hour of non-performance on the 1st calendar day (within the same SLIN) through the 10th calendar day; no liquidated damages shall be assessed:

2) For any hour of non-performance on the 11th calendar day (within the same SLIN) through the 120th calendar day; the Government will assess liquidated damages according to the following:

LABOR CATEGORY	Liquidated Damages Assessed per Hour
Professionals (registered nurses)	\$42.46
Paraprofessionals (LPNs, CNAs, MAs)	\$18.33

3) Liquidated damages will not be assessed beyond 120 days. In addition, the contractor will not be paid for any periods of nonperformance.

Note:

1. Calendar days need not be in succession.
2. For example: HCW-A, HCW-B and -C are all the same SLIN. HCW-A is absent 9 days, then returns to work; and then HCW-B is absent 8 days and returns; and then HCW-C is absent 11 days and then returns. Absences from approved leave (if accrued under individual task orders) are excluded from this clause. Total number of calendar days of absence is 28, liquidated damages will be assessed for the hours HCWs are absent for the last 18 days.
3. A calendar day is from 0001 to 2400 hours. If a HCW is absent from 2000 hours of 1 Jan 04 to 0900 hours on 2 Jan 04, it is recorded as 2 calendar days.
4. The total amount of liquidated damages will not exceed \$20,000 per SLIN, per task order.

(b) Alternatively, if delivery or performance is so delayed, the Government may terminate this contract in whole or in part under the Default - Fixed- Price Supply and Service clause in this contract and in that event, the Contractor shall be liable for fixed, agreed, and liquidated damages accruing until the time the Government may reasonably obtain delivery or performance of similar supplies or services. The liquidated damages shall be in addition to excess costs under the Termination clause.

(c) The Contractor shall not be charged with liquidated damages when the delay in delivery or performance arises out of causes beyond the control and without the fault or negligence of the Contractor as defined in the Default – Fixed-Price Supply and Service clause in this contract.

SECTION G Contract Administration Data

G.1. DESIGNATION OF CONTRACTING OFFICER'S REPRESENTATIVE (COR).

(a) The Contracting Officer hereby designates the following individual as the COR for this contract: (to be provided at time of award)

(b) The COR is responsible for monitoring the contract and should be contacted regarding questions or problems of a technical nature. In no event, however, will any understanding or agreement made with the COR, which deviates from the terms of the contract, be effective or binding upon the Government.

(c) When, in the opinion of the contractor, the COR requests effort outside the existing scope of the contract, the contractor shall promptly notify the Contracting Officer in writing. No action shall be taken by the contractor until an appropriate modification to the contract has been made.

G.2. INVOICING INSTRUCTIONS AND PAYMENT FOR SERVICES.

(a) The Contractor shall submit invoices in quadruplicate with a copy of the applicable Material Inspection and Receiving Report, DD Form 250, signed by the cognizant Government representative, stating thereon the name and title of the Government representative to whom delivery was made and the date of such delivery or period of performance.

(b) Invoices shall be submitted every two weeks to the address designated in each task order.

(c) The Government shall process invoices every two weeks for payment.

G.3. CONTRACTS POINT OF CONTACT.

(a) The Contracting Officer is the only person authorized to approve changes in any of the requirements of this contract and, notwithstanding provisions contained elsewhere in this contract, the said authority remains solely with the Contracting Officer. In the event the Contractor effects any change at the direction of any person other than the Contracting Officer, the change will be considered to have been made without the authority to do so and no adjustment will be made in the contract price to cover any increase in charges incurred as a result thereof. The name of the Principal Contracting Officer is Mrs. Susan D.M. Wellen.

(b) The name and address of the Contract Specialist who is the point of contact prior to and after award is:

MRS. SUSAN WELLEN
NAVAL MEDICAL LOGISTICS COMMAND
1681 NELSON STREET
FORT DETRICK, MD 21702-9203
sdwellen@nmlc.med.navy.mil (preferred method of contact)
(301) 619-3022 [No collect calls]

SECTION H Special Contract Requirements

H.1. TASK ORDER PROCEDURES. The Government intends to award at least 3 multiple indefinite delivery, indefinite quantity (IDIQ) contracts resulting from the issuance of this solicitation. Services will be procured via the award of Task Orders issued against the basic contract. There are two procedures to be followed for the submission of offers for award of initial and subsequent Task Orders.

H.1.1. INITIAL TASK ORDERS. The Government intends to award initial Task Orders to each offeror selected for contract award. Pricing proposals for initial Task Orders must be submitted with each offeror's contract proposal and must be responsive to the Government requirements detailed in Section L of this solicitation. Initial Task Orders will be awarded to each contract awardee for the contract minimum quantity of services (CLIN 0001 through 0011) required. The type of services to be procured, as well as position-specific statements of work for the initial Task Orders are provided as Attachments 001 through 020. Pricing proposals for initial Task Orders must be submitted with the offeror's response to this solicitation.

H.1.1.1. PROVISION OF PERSONNEL TO SATISFY THE GOVERNMENT'S MINIMUM REQUIREMENTS. Awardees of initial Task Orders for the Government's minimum requirements (CLINs 0001 through 0011) will be required to propose specific personnel within 30 days following contract award (or as specified in the Task Order) to satisfy the minimum quantity of healthcare workers (HCWs). Awardees shall submit the contractually required evidence that each of the proposed HCWs meet the requirements specified in Section C, Section H, and Attachments 001 through 020. Failure to meet the 30-day requirement (or as specified in the Task Order) may result in termination of the Task Order. Additionally, failure to submit complete packages within 30 days following contract award (or as specified in the Task Order) may be considered as negative past performance information that may jeopardize the award of future Task Orders, and/or may result in termination of the contract.

H.1.2. SUBSEQUENT TASK ORDERS. The Government intends to order additional services, up to the stated contract maximum quantities in CLINs 015 through 018 throughout the term of this contract. Special procedures and regulations apply to the award of subsequently awarded Task Orders. These procedures are provided below.

H.1.2.1. FAIR OPPORTUNITY FOR CONSIDERATION. One or more Task Orders may be issued during the performance period of this contract. The Government will provide all Contractors a, "fair opportunity for consideration". "Fair opportunity" is not the same evaluation process used to make the initial award of the IDIQ contracts. In accordance with FAR 16.505(b), the Contracting Officer will give each Contractor a "fair opportunity" to be considered for each order in excess of \$2,500 unless one of the exceptions below applies.

H.1.2.1.1. EXCEPTIONS TO FAIR OPPORTUNITY FOR CONSIDERATION. Contractors will not be given a fair opportunity to be considered for Task Orders which are expected to exceed \$2,500 when the Contracting Officer determines one of the following conditions apply:

H.1.2.1.1.1. The agency need for services is of such urgency that providing such an opportunity would result in unacceptable delays and/or,

H.1.2.1.1.2. Only one awardee is capable of providing the services required at the level of quality required because the services ordered are unique or highly specialized and/or,

H.1.2.1.1.3. The order should be issued on a sole-source basis in the interest of economy and efficiency as a logical follow-on to a Task Order already issued under this contract, provided that all awardees were given fair opportunity to be considered for the original order. For the purposes of this contract, the Contracting Officer may negotiate a sole source logical follow-on Task Order with the current Contractor providing previously competed services. In the event an increase in the amount of previously competed services is required by the Government, the contracting officer may negotiate a sole source logical follow-on Task Order with the current Contractor provided the required additional services do not represent more than one full time equivalent position or 20% of the total competed labor hours for the affected labor category (categories), whichever is greater. A sole source logical follow-on must be for

the same type of service previously competed at the same location(s). When deciding whether to negotiate a sole source logical follow-on Task Order with the current Contractor, consideration will be given to the Contractor's past performance, continuity of HCW services, and price and/or,

H.1.2.1.1.4. It is necessary to place an order to satisfy a minimum quantity.

H.1.2.2. TASK ORDER PROPOSAL REQUESTS (TOPRs). Contractors will generally be given 30 days to prepare responses that shall always include pricing and, if specified, a technical proposal. The due date for responses to TOPRs will be set forth in each TOPR. If an awardee is unable to submit a proposal in response to a TOPR, they shall provide the Contracting Officer with a brief written statement as to why. This statement is due on the closing date for proposals under that TOPR. PLEASE NOTE: Failure to submit a response to a TOPR may be considered negative past performance information and may jeopardize the award of future Task Orders to that Contractor. The process for requesting responses to TOPRs, evaluating each Contractor's proposal, selecting an awardee for each Task Order, issuing the Task Order, and the commencement of services under each Task Order is described below.

H.1.2.2.1. PROPOSAL SUBMISSION IN RESPONSE TO TOPRs. All Contractors shall submit a price proposal that shall include a completed Supplemental Pricing Worksheet for each position. The price proposal shall be forwarded to the Contracting Officer, Naval Medical Logistics Command **ONLY**. Certified cost or pricing data is not required for individual TOPRs.

H.1.2.2.2. PAST PERFORMANCE REVIEWS. All TOPRs require a review of past performance. The Government may either elect to base this past performance review on available information or require Contractors to submit a Technical Proposal detailing relevant past performance information under contracts issued by commercial and/or Government agencies other than Naval Medical Logistics Command or FISC Norfolk Detachment, Philadelphia, PA. In the absence of such experience, the Contractor(s) shall provide an affirmative statement to that effect. Technical proposals shall be forwarded as specified in the TOPR.

H.1.2.2.3. TECHNICAL QUALIFICATIONS OF HCWs. The TOPR may also require Contractors to submit information regarding the technical qualifications of the HCW(s) proposed under the TOPR. Specific technical requirements will be provided in each TOPR. Technical qualification submissions shall be forwarded as specified in the TOPR.

H.1.2.2.4. TOPR DESCRIPTION. The Contracting Officer will issue a written TOPR and forward it to all Contractors unless one of the exceptions to the Fair Opportunity for Consideration listed above applies. The TOPR will include, as a minimum, the following information:

- a. The due date for proposal submission, and
- b. A description of the services, and
- c. The minimum qualification requirements for the HCW(s), and
- d. The specific ranking factors, and
- e. The place of performance, and
- f. The period of performance, and
- g. The number of personnel required, and
- h. Any additional instructions for proposal submission not contained in this section, and
- i. Any other information deemed appropriate by the Contracting Officer.

H.1.2.2.5. PLACING ORDERS. The Contracting Officer is not required to prepare formal evaluation plans, score offers, post notice in the Commerce Business Daily or hold discussions or negotiations with each Contractor. The Contracting Officer does not have to comply with the competition rules in Part 6 of the Federal Acquisition Regulations and does not have to conduct discussions before issuing a Task Order. However, there will always be an internal record based on the particular requirements of each Task Order detailing why a particular Contractor provided the best value to the Government.

H.1.2.2.5.1. PROTESTS OF TASK ORDER AWARDS. Issues arising from the placement of orders are not protestable to the General Accounting Office unless the protestor alleges that the order exceeded the value, scope, or period of the contract.

H.1.2.2.5.2. CONTRACTING OFFICER'S BROAD DISCRETION. Task Orders may be awarded to other than the lowest priced Contractor and, the Contracting Officer has broad discretion in determining which Contractor should receive a Task Order. Proposed price, timeliness, and past performance will always be considered and, if specified in the TOPR, the technical qualifications of the HCW. These four factors are equally important unless otherwise specified in the TOPR. Additional information regarding these factors includes:

H.1.2.2.5.2.1. THE PROPOSED PRICE OF THE TASK ORDER. The factors to be considered in evaluating proposed prices are:

- a. Completeness: All price information required by the TOPR has been submitted, and
- b. Reasonableness: The degree to which the proposed prices compare to the price that a reasonable, prudent person would expect to incur for the same or a similar service, and
- c. Realism: The Contractor's CLIN/SLIN prices and minimum supplemental pricing information will be examined to identify unusually low price estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the contract requirements, and the risk of personnel recruitment and retention problems during contract performance.
- d. Best Value: The **AVERAGE** compensation information provided in the offeror's supplemental pricing worksheets shall be used with other pricing evaluation factors to make a determination as to the best value of services based on a comparison with technical risk in the task order **AWARD** determination.

H.1.2.2.5.2.2. THE TIMELINESS OF A CONTRACTOR'S SUBMISSION IN RESPONSE TO THE TOPR. A Contractor's response to a TOPR may not be considered for award if it is submitted later than the date and time specified in the TOPR,

H.1.2.2.5.2.3. PAST PERFORMANCE. The Government will always review the Contractor's past performance under this contract. In addition, if specified in individual TOPRs, the Government reserves the right to perform a comprehensive review of the Contractor's record of past performance in a format specified within that TOPR under any other contracts with similar scope, magnitude and complexity. The Government will never restrict its past performance evaluation to information submitted by each Contractor but will always consider any other information in its possession from this contract or any other contracts; scope, magnitude and complexity considered. This past performance evaluation will include a review of performance problems, management problems, timeliness of services, realism and reasonableness of prices, HCW turnover (substitutions), shift fill rates, and the overall quality of HCWs provided. Additionally the Government will evaluate the Contractor's performance with respect to completeness and timeliness of credentials packages and their success fulfilling the requirements of the Task Order.

H.1.2.2.5.2.4. THE TECHNICAL QUALIFICATIONS OF THE HCW(S) PROPOSED. If specified in the TOPR, the Contractor shall submit technical qualifications for the HCW(s) proposed under the Task Order. That information shall include the HCW Certificate of Availability (Attachment 030). Unless otherwise specified in the TOPR, the general quality ranking factors of HCWs are:

- a. Quality and quantity of education/training and experience as it relates to the duties in the Task Order, and
- b. Letter(s) of recommendation that address such items as clinical skills, professionalism or specific areas of expertise, and
- c. Additional certifications and licensures, as specified in the TOPR, and as related to the service being performed, and

d. Continuing education as it relates to the maintenance of the professional skill, knowledge and ability required by the TOPR, and

e. Position specific enhancing factors including, but not limited to, previous experience in military medical/dental facilities or advanced degrees.

H.1.2.2.6. TASK ORDER AWARD.

H.1.2.2.6.1. ISSUING TASK ORDERS. Upon completion of the evaluation of each Contractor's price and technical (if required) proposals, the Contracting Officer will issue a Task Order to the Contractor whose proposal is most advantageous to the Government considering the evaluation factors specified in either within this section or within the TOPR.

H.1.2.2.7. COMMENCEMENT OF PERFORMANCE UNDER A TASK ORDER. Upon award, a Task Order will be transmitted to the awardee on a DD Form 1155.

H.1.2.2.7.1. 30-DAY PERFORMANCE REQUIREMENT. Approved HCWs must begin performance not later than 30 days after the Contracting Officer's execution of the Task Order unless either otherwise stated in the Task Order or upon the mutual agreement of the Contractor and the Government.

H.1.2.2.7.2. FAILURE TO BEGIN PERFORMANCE WITH APPROVED HCWs. If a previously approved HCW cannot begin performance on the Task Order, the Contractor shall notify the Contracting Officer immediately. The Contractor may or may not be given the opportunity to propose a new HCW and, failure to begin performance with the approved HCW may result in termination of the Task Order and re-consideration of the other proposals received in response to the TOPR. The Government reserves the right to terminate the contract and/or Task Order for default if the awardee fails to begin performance as required by the Task Order.

H.2. OMBUDSMAN. The Ombudsman will (a) review complaints from Contractors regarding Task Order awards and (b) ensure that all Contractors are afforded a fair opportunity to be considered, consistent with the procedures in the contract. The Ombudsman for this contract is the Navy Competition Advocate General. Contractors are encouraged to settle their complaints through the Competition Advocate chain of command, seeking review by the Command Competition Advocate at the Naval Medical Logistics Command before taking their complaints to the Navy Competition Advocate General. The Naval Medical Logistics Command's Competition Advocate can be reached at (301) 619-2158 or at the following address:

Naval Medical Logistics Command
ATTN: Executive Officer
1681 Nelson Street
Fort Detrick, MD 21702-9203
Fax Number: (301) 619-7430

H.3. PRIOR WRITTEN PERMISSION REQUIRED FOR SUB-CONTRACTS. None of the services required by this contract shall be sub-contracted to or performed by persons other than the Contractor or the Contractor's employees without the prior written consent of the Contracting Officer.

H.4. RESTRICTION ON THE USE OF GOVERNMENT-AFFILIATED PERSONNEL. Without the written approval of the Contracting Officer, the Contractor shall not use, in the performance of this contract, any U.S. Government employees or persons currently providing services on other Department of Defense contracts.

H.5. SUBSTITUTION OF PERSONNEL. All substitutions and substitution requests shall be processed in accordance with this section.

H.5.1. USE OF TECHNICALLY ACCEPTABLE PERSONNEL. The Contractor agrees to provide service under each Task Order using only HCW(s) whose qualifications, education and experience have been deemed technically acceptable by the Government.

H.5.2. PRIOR APPROVAL REQUIRED FOR SUBSTITUTIONS. The Contractor, without the express consent of the Contracting Officer, shall make no personnel substitutions. Substitutions made without the express consent of the Contracting Officer may be considered negative past performance information and may jeopardize the award of future Task Orders.

H.5.3. PROHIBITIONS AGAINST SUBSTITUTIONS. No personnel substitutions shall be permitted during the period beginning with Task Order award and continuing through the first 30 days of Task Order performance, unless a HCW's unexpected illness, injury, death or termination of employment necessitates them. Should one of these events occur, the Contractor shall promptly notify the Contracting Officer and provide the documentation required in the paragraph immediately below.

H.5.4. DOCUMENTATION REQUIRED FOR SUBSTITUTIONS. The Contractor shall submit all substitution requests in writing, providing a detailed explanation of the circumstances necessitating the proposed personnel replacement. The Contractor shall also demonstrate that the substitute HCW possesses the qualifications, education and experience that meet the minimum requirements in this contract and in the position specific Statement of Work contained in the Task Order. In addition, all substitution requests shall include a Certificate of Availability (Attachment 030) signed and dated by each proposed HCW, and any other information required by the Contracting Officer. The Contracting Officer will evaluate all substitution requests and promptly notify the Contractor or the approval or disapproval thereof.

H.5.5. GOVERNMENT'S RIGHT TO TERMINATE OR RE-COMPETE. The Government retains the right to terminate and re-compete a new TOPR if any of the following apply:

H.5.5.1. The substitution is made without the express consent of the Contracting Officer, or

H.5.5.2. The substitution has the potential to degrade the quality and/or quantity of healthcare required from the Contractor, or

H.5.5.3. The substitution has degraded the quality and/or quantity of healthcare required from the Contractor.

H.6. PERSONNEL QUALIFICATIONS. The Contractor is required to provide personnel having certain minimum qualifications, education and experience. Proof that each candidate meets these requirements shall be provided within the Contractor's response to the TOPR. Unique (i.e. position specific) requirements are provided within the position specific Statements of Work furnished as attachments to this contract. Additionally, the following general requirements apply to all individuals providing services under this contract:

H.6.1. GENERAL REQUIREMENTS FOR ALL HCWs.

H.6.1.1. PROOF OF U.S. EMPLOYMENT ELIGIBILITY (Attachment 027). No alien shall provide services under this contract in violation of the Immigration Laws of the United States.

H.6.1.2. REPRESENT AN ACCEPTABLE MALPRACTICE RISK TO THE DEPARTMENT OF DEFENSE. Health care providers and practitioners shall submit a signed, detailed statement of prior or pending malpractice claims and an explanation of disposition of each claim.

H.6.1.3. LANGUAGE SKILLS. HCWs shall read, write, speak, and understand the English language with sufficient fluency to maintain effective communication skills with patients, staff and other members of the healthcare industry.

H.6.1.4. BLC/CPR CERTIFICATION. Maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or, equivalent. In the event an otherwise qualified HCW does not possess this certification and the MTF elects to provide it, the Government reserves the

right to deduct 4 hours of compensated service. This deduction shall apply to initial certification only; consideration will be based upon the specific HCW's CLIN/SLIN. The Government may provide recertification.

H.6.1.5. COMPUTER SKILLS COMPETENCY. The Contractor shall submit proof of Computer Skills Competency prior to each healthcare worker providing services under each Task Order. The Contractor shall utilize the Computer Skills Competency Form (Attachment 024).

H.6.2. REGULATORY COMPLIANCE REQUIREMENTS.

H.6.2.1. PHYSICAL EXAMINATION. The HCW shall obtain, at Contractor expense, a statement from the HCW's physician or a report of a physical examination within 60 days prior to the date of the Task Order. This statement or report shall indicate whether or not the HCW is free from mental or physical impairments that would restrict them from providing the services described herein. HCWs hired after Task Order start shall provide a physical examination statement or report obtained within 60 days prior to performance of services. Expenses for all required tests and/or procedures shall be borne by the Contractor at no expense to the Government. Statements from the HCW's physician shall contain the following information:

"Having performed a physical examination on the person named below on **(insert date)**, the following findings are true and accurate:

1. **(Name of HCW)** is suffering from no physical disability that restricts them from providing services as a **(HCW's specialty)**.
2. **(Name of HCW)** is not suffering from sexually transmitted or other contagious diseases, which restricts them from providing services as a **(HCW's specialty)**.
3. **(Name of HCW)** has (circle the applicable number):
 - 3a. Received at least three doses of recombinant hepatitis B vaccine currently licensed in the United States, or
 - 3b. Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or
 - 3c. Provided documentation of the HCW's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious convictions or medical contraindications only), or
 - 3d. Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a Laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).
4. **(Name of HCW)** shows immunity to Measles, Mumps and Rubella (MMR); varicella immune status; and a current PPD reading or evaluation as specified herein."

(signed)

Examining Physician

Examining Physician Information:

Name:

Address:

Telephone:

H.6.2.2. PERSONAL HEALTH REQUIREMENTS. Prior to performance under this contract, HCWs who have patient contact:

H.6.2.2.1. Must show immunity to Measles, Mumps and Rubella (MMR) through Serological testing which shows sero-positivity to MMR or proof of vaccination. Persons born prior to 1957 must have received one dose of MMR vaccine; persons born in 1957 or later must have received two doses of MMR vaccine, and

H.6.2.2.2. Shall provide evidence of varicella immune status or a statement of history of chicken pox, and

H.6.2.2.3. Must provide a current Purified Protein Derivative (PPD) reading or an evaluation if they are a known PPD reactor. The Contractor is responsible for any expenses incurred for required testing and the PPD reading shall be performed annually.

H.6.2.3. IMMUNIZATION REQUIREMENTS. HCWs shall be immunized annually with influenza vaccine in accordance with the BUMED instruction currently in effect. Although the Government will provide this influenza vaccine, it may be obtained at another facility with the HCW bearing the total cost. If not immunized by the Government, the HCW shall show proof of vaccination. If the HCW chooses to be immunized by the Government, they shall sign a waiver in accordance with MTF rules and regulations. If the HCW declines the immunization, they must provide a waiver stating the reason for the declination. Declinations based on either the HCW's religious convictions or medical contraindications (as documented by a qualified healthcare provider) only shall be permitted.

H.6.2.4. PERSONAL HEALTH EXAMINATIONS. HCWs shall agree to undergo other personal health examinations and other such medical and dental examinations at any time during the term of this contract, as the Commander deems necessary for preventive medicine, quality assurance, or privileging purposes. The Government will provide these examinations. If the Contractor chooses, a private physician or dentist may provide these examinations at no expense to the Government. If a private physician or dentist provides these examinations, reports and findings shall be provided to the Commander/Commanding Officer upon request to the Contractor.

H.6.2.5. BLOODBORNE PATHOGEN ORIENTATION PROGRAM. HCWs shall participate in the Command's Bloodborne Pathogen Orientation Program. The HCW shall also participate in all required annual training and in periodic training for all procedures that have the potential for occupational exposure to bloodborne pathogens.

H.6.2.6. MANAGEMENT OF HIV POSITIVE HCWs. HIV positive HCWs will be managed in accordance with the current Centers for Disease Control (CDC) guidelines and Section 503 of the Rehabilitation Act (29 U.S.C. Section 793) and its implementing regulations (41 CFR Part 60-741).

H.6.2.7. PREVENTION OF THE TRANSMISSION OF THE HIV VIRUS. HCWs shall comply with the CDC's "Universal Precautions" for the prevention of the transmission of the HIV virus.

H.7. CRIME CONTROL ACT OF 1990 REQUIREMENT.

H.7.1. CRIMINAL BACKGROUND CHECK REQUIREMENTS. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by Section 1094 of Public Law 1-02-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.

H.7.2. GOVERNMENT'S CONDUCT OF CRIMINAL BACKGROUND CHECKS. The Government will conduct criminal background checks on all HCW's providing child care services under this contract based on fingerprints of Contractor employees obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories. In doing so the Government shall follow the procedures set forth in DOD Instruction 1402.5.

H.7.3. CONTRACTOR'S RESPONSIBILITY FOR REASONABLE AND NECESSARY ASSISTANCE.

Within 30 days after contract award, the Contractor and all HCWs shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the Contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.

H.7.4. EXEMPTIONS. With written recommendation from the Commander and the approval one level above the Contracting Officer, a HCW may be permitted to perform work under this contract prior to the completion of a background check, provided the HCW is within line-of-sight and continuous supervision of an individual with a successful background check.

H.7.5. RIGHTS OF CONTRACTOR HCWs. HCWs shall have the right to obtain a copy of any background check pertaining to them and to challenge the accuracy and completeness of the information contained in the report.

H.8. LIABILITY INSURANCE. Before commencing work under a contract, the Contractor shall certify to the Contracting Officer in writing that the required insurance has been obtained. The following insurance as referenced in FAR 28.307, is the minimum insurance required:

H.8.1. General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least: \$500,000 per occurrence.

H.8.2. Automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract. Policies covering automobiles operated in the United States shall provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The amount of liability coverage on other policies shall be commensurate with any legal requirements of the locality and sufficient to meet normal and customary claims.

H.8.3. Worker's compensation and employer's liability. Contractors are required to comply with applicable Federal and State Workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when Contractor operations are so commingled with a Contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

H.9. ORIENTATION/TRAINING

Orientation (CLIN 0012) is applicable to CLINs 0009 through 0011. Once the number of individuals required to complete Core Competency Orientation is determined, the Task Orders will be modified to include the Orientation CLIN 0012. Reimbursement rates for Orientation (CLIN 0012) shall be at the same rate as the applicable CLINs (0009-0011). Orientation applicable to CLINs 0015 through 0018 will be identified either when TOPRs are issued or via modifications to those Task Orders.

H.10. REIMBURSABLE TRAVEL EXPENSES.

H.10.1. As directed by the Government, HCWs may be required to travel to provide services, attend training or attend Government specified conferences when in the best interests of the Government and patient care. Travel, if required, will be detailed within the TOPR and the Contractor shall include in its TOPR response a proposed amount to cover its anticipated outlay of reasonable travel expenses, to include, as applicable, lodging, per diem, public transportation charges, mileage allowance, tolls and Contractor overhead. The Task Order issued by the Government shall provide under CLIN 0013 a negotiated Not-to-Exceed (NTE) amount which shall constitute a firm limitation on the Government's obligation to reimburse the Contractor for these expenses.

H.10.1.1. CLIN 0013 (and the appropriate SLIN) shall not be used for expenses related to training including, but not limited to reimbursement for courses taken. These expenses are the sole responsibility of the Contractor, and

H.10.1.2. The Government will not issue Government Travel Orders to the HCW, and

H.10.1.3. Government contract air carriers and the Government's contract airfares are not available to the HCW, and

H.10.1.4. The Government retains the right to direct the mode of travel including the availability and size of rental cars, and

H.10.1.5. The COR will specify the MTF's procedure to document that the travel was completed and that the expenses were actually incurred, and

H.10.1.6. All reimbursements shall be retrospective, payable only upon completion of the related travel and presentation of a properly prepared invoice to the COR. In reviewing invoices under which the Contractor seeks reasonable reimbursement under CLIN 0013, the COR shall use the Government's Joint Travel Regulation (JTR) <http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/travel.shtml> as a guide. Expenses higher than the amounts allowed under the JTR will be considered unreasonable in the absence of additional justification from the Contractor, and

H.10.1.7. The Government reserves the right to require additional documentation, including memoranda from the HCW performing the travel.

H.10.2. The requirements for reimbursable travel expenses do not apply to the Contract Status Review meetings required in Section C of this contract. If the Government invokes that requirement, the Contractor agrees to bear the total risk and cost for the travel, lodging, per diem, rental cars, etc. required to attend Contract Status Review meetings. The Government will not reimburse the Contractor for any related expenses.

H.11. INCENTIVE AWARDS.

H.11.1. The Government reserves the right to make incentive awards to HCWs via the Contractor. These awards will be site or position specific and will be based on the Government's best business practice plan to minimize turnover, maximize the mission of the command and/or reward exemplary work. The minimums do not contain incentive awards. Incentive plans will be provided for future Task Orders, if applicable.

H.11.2. Section B, CLIN 0014 has a "Not Initially Priced" for the fixed incentive fee amount to be determined in the future. If subsequent TOPRs provide for an incentive award, Section B, CLIN 0014 will be adjusted accordingly. The fixed incentive fee amount can only be changed with a written modification to the Task Order issued by the Contracting Officer.

H.11.3. The Government will obligate total incentive fee amounts at the beginning of the specific Task Order. The Contracting Officer will authorize the Contractor, in writing, to invoice for any incentive fee earned during the performance periods detailed in the Incentive Plan.

H.11.4. Evaluation procedures and criteria and scoring procedures shall be set forth in the Incentive Plan, as included with position specific statements of work or each subsequent TOPR.

H.11.5. If an incentive award is made, the Contractor shall pass the awards to the applicable HCW(s). The Contractor further agrees to only take deductions from the incentive awards to remain in compliance with the laws and regulations of the Internal Revenue Service, state, and local taxation authorities including the Contractor's contributions to these taxes and/or fees. However, in no case shall the amount paid to the HCW be reduced further.

SECTION I Contract Clauses

CLAUSES INCORPORATED BY REFERENCE:

52.202-1	Definitions	DEC 2001
52.203-5	Covenant Against Contingent Fees	APR 1984
52.203-6	Restrictions On Subcontractor Sales To The Government	JUL 1995
52.203-7	Anti-Kickback Procedures	JUL 1995
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity	JAN 1997
52.203-10	Price Or Fee Adjustment For Illegal Or Improper Activity	JAN 1997
52.203-12	Limitation On Payments To Influence Certain Federal Transactions	JUN 1997
52.204-4	Printed or Copied Double-Sided on Recycled Paper	AUG 2000
52.204-6	Data Universal Numbering System (DUNS) Number	JUN 1999
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment	JUL 1995
52.215-2	Audit and Records--Negotiation	JUN 1999
52.215-8	Order of Precedence--Uniform Contract Format	OCT 1997
52.219-6	Notice Of Total Small Business Set-Aside	JUL 1996
52.222-3	Convict Labor	AUG 1996
52.222-21	Prohibition Of Segregated Facilities	FEB 1999
52.222-26	Equal Opportunity	APR 2002
52.222-35	Equal Opportunity For Special Disabled Veterans, Veterans of the Vietnam Era and Other Eligible Veterans	DEC 2001
52.222-36	Affirmative Action For Workers With Disabilities	JUN 1998
52.222-37	Employment Reports On Special Disabled Veterans, Veterans Of The Vietnam Era and Other Eligible Veterans	DEC 2001
52.222-41	Service Contract Act Of 1965, As Amended	MAY 1989
52.222-44	Fair Labor Standards And Service Contract Act - Price Adjustment	FEB 2002
52.223-5	Pollution Prevention and Right-to-Know Information	APR 1998
52.223-6	Drug Free Workplace	MAY 2001
52.223-14	Toxic Chemical Release Reporting	OCT 2000
52.224-1	Privacy Act Notification	APR 1984
52.224-2	Privacy Act	APR 1984
52.225-13	Restrictions on Certain Foreign Purchases	JUL 2000
52.227-1	Authorization and Consent	JUL 1995
52.228-5	Insurance - Work On A Government Installation	JAN 1997
52.229-3	Federal, State And Local Taxes	JAN 1991
52.232-3	Payments under Personal Services Contracts	APR 1984
52.232-8	Discounts For Prompt Payment	FEB 2002
52.232-11	Extras	APR 1984
52.232-17	Interest	JUN 1996
52.232-18	Availability Of Funds	APR 1984
52.232-23	Assignment Of Claims	JAN 1986
52.232-25	Prompt Payment	FEB 2002
52.232-33	Payment by Electronic Funds Transfer--Central Contractor Registration	MAY 1999
52.233-1 Alt I	Disputes (Dec 1998) - Alternate I	DEC 1991
52.233-3	Protest After Award	AUG 1996
52.237-2	Protection Of Government Buildings, Equipment, And Vegetation	APR 1984
52.237-3	Continuity Of Services	JAN 1991
52.242-13	Bankruptcy	JUL 1995

52.243-1 Alt I	Changes--Fixed Price (Aug 1987) - Alternate I	APR 1984
52.244-6	Subcontracts for Commercial Items	MAY 2002
52.245-2 Alt I	Government Property (Fixed-Price Contracts) (Dec 1989) - Alternate I	APR 1984
52.246-25	Limitation Of Liability--Services	FEB 1997
52.249-8	Default (Fixed-Price Supply & Service)	APR 1984
52.253-1	Computer Generated Forms	JAN 1991
252.203-7001	Prohibition On Persons Convicted of Fraud or Other Defense-Contract-Related Felonies	MAR 1999
252.203-7002	Display Of DOD Hotline Poster	DEC 1991
252.204-7003	Control Of Government Personnel Work Product	APR 1992
252.205-7000	Provisions Of Information To Cooperative Agreement Holders	DEC 1991
252.209-7000	Acquisition From Subcontractors Subject To On-Site Inspection Under The Intermediate Range Nuclear Forces (INF) Treaty	NOV 1995
252.215-7000	Pricing Adjustments	DEC 1991
252.223-7004	Drug Free Work Force	SEP 1988
252.223-7006	Prohibition On Storage And Disposal Of Toxic And Hazardous Materials	APR 1993
252.243-7001	Pricing Of Contract Modifications	DEC 1991

CLAUSES INCORPORATED BY FULL TEXT

52.216-18 ORDERING. (OCT 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from **date of contract award** through **a date to be determined, but not exceeding 60 months beginning with the initial start of contract services, or until all maximum quantities have been ordered, whichever occurs first.**

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of clause)

52.216-19 ORDER LIMITATIONS. (OCT 1995)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than **\$1,000.00**, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor:

(1) Any order for a single item in excess of **100,000 hours**;

(2) Any order for a combination of items in excess of **the maximum total requirement for this contract**; or

(3) A series of orders from the same ordering office within **14** days that together call for quantities exceeding the limitation in subparagraph (1) or (2) above.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) above.

(d) Notwithstanding paragraphs (b) and (c) above, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 30 days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of clause)

52.216-22 INDEFINITE QUANTITY. (OCT 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum". The Government shall order at least the quantity of supplies or services designated in the Schedule as the "minimum".

(c) Except for any limitations on quantities in the Order Limitations clause or in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided, that the Contractor shall not be required to make any deliveries under this contract after a date which is more than 60 months after the initial start of contract services.

(End of clause)

52.222-42 STATEMENT OF EQUIVALENT RATES FOR FEDERAL HIRES (MAY 1989)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

THIS STATEMENT IS FOR INFORMATION ONLY: IT IS NOT A WAGE DETERMINATION

Employee Class	Monetary Wage-Fringe Benefits
----------------	-------------------------------

Registered Nurse	GS-07
Licensed Practical Nurse	GS-05
Certified Nurse Assistant	GS-04
Medical Assistant	GS-03

(End of clause)

52.249-12 TERMINATION (PERSONAL SERVICES) (APR 1984)

The Government may terminate this contract at any time upon at least 15 days' written notice by the Contracting Officer to the Contractor. The Contractor, with the written consent of the Contracting Officer, may terminate this contract upon at least 15 days' written notice to the Contracting Officer.

(End of clause)

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://www.arnet.gov/far/>

252.201-7000 CONTRACTING OFFICER'S REPRESENTATIVE (DEC 1991)

(a) "Definition. Contracting officer's representative" means an individual designated in accordance with subsection 201.602-2 of the Defense Federal Acquisition Regulation Supplement and authorized in writing by the contracting officer to perform specific technical or administrative functions.

(b) If the Contracting Officer designates a contracting officer's representative (COR), the Contractor will receive a copy of the written designation. It will specify the extent of the COR's authority to act on behalf of the contracting officer. The COR is not authorized to make any commitments or changes that will affect price, quality, quantity, delivery, or any other term or condition of the contract.

(End of clause)

252.204-7004 REQUIRED CENTRAL CONTRACTOR REGISTRATION.(NOV 2001)

(a) Definitions.

As used in this clause--

(1) Central Contractor Registration (CCR) database means the primary DoD repository for contractor information required for the conduct of business with DoD.

(2) Data Universal Numbering System (DUNS) number means the 9-digit number assigned by Dun and Bradstreet Information Services to identify unique business entities.

(3) Data Universal Numbering System +4 (DUNS+4) number means the DUNS number assigned by Dun and Bradstreet plus a 4-digit suffix that may be assigned by a parent (controlling) business concern. This 4-digit suffix may be assigned at the discretion of the parent business concern for such purposes as identifying subunits or affiliates of the parent business concern.

(4) Registered in the CCR database means that all mandatory information, including the DUNS number or the DUNS+4 number, if applicable, and the corresponding Commercial and Government Entity (CAGE) code, is in the CCR database; the DUNS number and the CAGE code have been validated; and all edits have been successfully completed.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee must be registered in the CCR database prior to award, during performance, and through final payment of any contract resulting from this solicitation, except for awards to foreign vendors for work to be performed outside the United States.

(2) The offeror shall provide its DUNS or, if applicable, its DUNS+4 number with its offer, which will be used by the Contracting Officer to verify that the offeror is registered in the CCR database.

(3) Lack of registration in the CCR database will make an offeror ineligible for award.

(4) DoD has established a goal of registering an applicant in the CCR database within 48 hours after receipt of a complete and accurate application via the Internet. However, registration of an applicant submitting an application through a method other than the Internet may take up to 30 days. Therefore, offerors that are not registered should consider applying for registration immediately upon receipt of this solicitation.

(c) The Contractor is responsible for the accuracy and completeness of the data within the CCR, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to confirm on an annual basis that its information in the CCR database is accurate and complete.

(d) Offerors and contractors may obtain information on registration and annual confirmation requirements by calling 1-888-227-2423, or via the Internet at <http://www.ccr.gov>.

(End of clause)

252.242-7000 POSTAWARD CONFERENCE (DEC 1991)

The Contractor agrees to attend any postaward conference convened by the contracting activity or contract administration office in accordance with Federal Acquisition Regulation subpart 42.5.

(End of clause)

SECTION J List of Documents, Exhibits and Other Attachments

Section J Table Of Contents

DOCUMENT TYPE	DESCRIPTION	PAGES	DATE
---------------	-------------	-------	------

SECTION J – ATTACHMENTS

<u>ATTACH</u>	<u>POSITION TITLE/LOCATION</u>
001	Registered Nurse - Ambulatory/Same Day Surgery
002	Reserved
003	Reserved
004	Licensed Practical/Vocational Nurse - Pain Clinic
005	Registered Nurse - Emergency Department
006	Registered Nurse - Psychiatry
007	Registered Nurse - Breast Clinic
008	Registered Nurse - Pediatric, Adult Medical and Family Care Service Lines, and Vascular Surgery Clinics
009	Registered Nurse - Orthopedic Outpatient Department
010	Licensed Practical/Vocational Nurse – Pediatric and Family Care Services Lines
011	Licensed Practice/Licensed Vocational Nurse - Obstetric Outpatient Clinic
012	Certified Nursing Assistant - Obstetric Outpatient Clinic
013	Registered Nurse - Primary Care
014	Licensed Practical Nurse – Primary Care
015	Medical Assistant – Primary Care
016	Medical Assistant - NICU, Transitional/Observational Nursery, 4K, 4L, and the Pediatric Ward
017	Registered Nurse - Health Educator
018	Medical Assistant – Emergent and Urgent Care
019	Registered Nurse – Emergent and Urgent Care
020	Licensed Practical Nurse – Emergent and Urgent Care Clinic
021	RN Case Manager
022	Reserved
023	Reserved
024	Computer Skills Competency Form
025	Service Contract Act Wage Determinations
026	Contract Administration Plan (CAP)
027	Proof of U.S. Employment Eligibility
028	NAVMED P-117
029	Notional Task Order NTO 0001
030	Certificate of Availability
031	Electronic File Format; Offeror's Past Performance Information
032	Electronic File Format; Offeror's Management Plan.doc
033	Electronic File Format; Electronic Schedule B and Supplemental Pricing Worksheets

J-2 List of Exhibits

There are no exhibits for this contract.

Attachment 001

REGISTERED NURSE
Ambulatory/Same Day Surgery

1. **LABOR CATEGORY.** The contractor shall provide Registered Nurse services.
2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Ambulatory/Same Day Surgery Unit located at the Naval Medical Center, Portsmouth (NMCP).
3. **DUTY HOURS.**
 - 3.1. The contractor shall provide health care workers to the Ambulatory/Same Day Surgery Unit, Monday through Saturday, from 0500-2300 for 8.5 or 10.5 hour shifts. Shifts include an uncompensated .5 hour meal break.
 - 3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.
 - 3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.
 - 3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.
 - 3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.
4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.
5. **CREDENTIALLING.** See Section C.7. of the basic contract.
6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.
7. **ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.**
 - 7.1. **ORIENTATION – Command, Clinical and Unit**
 - 7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director for Nursing Affairs or his/her relief. The health care workers shall:

- 8.1. Provide professional nursing care to patients within assigned unit/clinic.
- 8.2. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interview patients to obtain history.
- 8.3. Formulate a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.
- 8.4. Implement care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.5. Establish priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.6. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrate competency in medication and intravenous (IV) administration to include blood products.
- 8.8. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Perform documentation (manually and/or by use of computer) duties on unit and in patient record which are timely, accurate, and concise.
- 8.10. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

- 8.11. Function with an awareness and application of safety issues as identified within the institution.
- 8.12. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintain an awareness of responsibility and accountability for own professional practice.
- 8.15. Participate actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seek validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrate awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participate in development and attainment of unit and Directorate goals.
- 8.20. Participate in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrate effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulate and use effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practice effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remain flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures of Directorate.
- 8.26. Perform other duties within the scope of Registered Nurse practice as requested.
- 8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.28. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (OSHA) required classes. These courses will be provided at Government expense.
- 8.29. Successfully complete the unit specific competency skills checklist within the first 20 shifts.
- 8.30. Demonstrate competency in providing nursing care for conscious sedation patients of all ages with medical and/or surgical problems as applicable in the ambulatory setting.
- 8.31. Demonstrate continual assessment of patients for potential of life threatening crisis during these procedures.

8.32. Demonstrate competency as recovery nurse for surgical procedures performed in the ambulatory procedure department.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this task order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the CGFNS (Commissioner of Graduates of Foreign Nursing Schools Exam or National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one year full-time experience (40 hours per week) within the last two years working in an ambulatory/same day surgery unit.

9.4. Successfully complete a preceptorship with a NITT nurse.

9.5. Have current certification in Advance Life Support (ALS) and Pediatric Advanced Life Support (PALS).

9.6. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 002

LICENSED PRACTICAL/VOCATIONAL NURSE
Ambulatory/Same Day Surgery

1. **LABOR CATEGORY.** The contractor shall provide Licensed Practical/Vocational Nurse (LPN/LVN) services.

2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Ambulatory/Same Day Surgery Unit located at the Naval Medical Center, Portsmouth (NMCP).

3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the Ambulatory/Same Day Surgery Unit, Monday through Saturday (variable) for 8.5 or 10.5 hour shifts (to include an uncompensated .5 hour meal break).

Variable Day Shift	# of
Monday- Saturday	HCW
0500-2300	1

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. **Shift Schedules:** Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. **ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.**

7.1. **ORIENTATION – Command, Clinical and Unit**

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection

Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Observe and evaluate physical state of the patient by checking vital signs (temperature, blood pressure and respiration rate), neurological signs and records these observations. Recognize normal and abnormal readings and take appropriate action based on findings.

8.2. Measures and records intake and output.

8.3. Observe, operate and understand specialized equipment, i.e., cardiac monitors, blood pressure machines, pulse oximeters and chest tubes.

8.4. Keep professional nurse informed of changes in vital signs and/or patient's condition.

8.5. Under guidance of the professional nurse, complete pre-operative patient paperwork, patient interviews, and initiates data notations on the patient record and plan of care through identification of problems. Make minor modifications to the nursing care plan based on patient's condition.

8.6. Prepare patients for surgery and for discharge.

8.7. Assist in orientating hospital corpsman to patient care unit routines, patient teaching, and family support.

- 8.8. Perform standardized patient care procedures for pre- and post-operative patients such as medication administration (including rectal, intramuscular, nebulizer and IVPB), catheterizations, oral and endotracheal suctioning, irrigations, venipuncture, and IV Therapy.
- 8.9. Have knowledge and skill sufficient for documenting nursing care, findings, and patient's response to interventions for the purpose of communications with other members of the healthcare team.
- 8.10. Assist in emergency procedures such as CPR.
- 8.11. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.12. Successfully complete the NMCP medication administration test and all Learning Resource Guides.
- 8.13. Successfully complete the NMCP inservices for IV therapy.
- 8.14. Attend meetings, inservice training and other educational programs as required annually.
- 8.15. Participate in facility-wide and clinic specific Performance Improvement Plans.
- 8.16. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.
- 8.17. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.
- 8.18. Receive certification in medication administration in accordance with NMCP service policy within 30 days of commencement of services under contract.
9. MINIMUM PERSONNEL QUALIFICATIONS. LPNs providing services under this task order shall:
- 9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.
- 9.2. Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.
- 9.3. Have a minimum of one years' full-time experience (40 hours per week) within the last two years as a LPN/LVN and six months current experience working in the area for which applying.
- 9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 003

REGISTERED NURSE
Pain Clinic

1. LABOR CATEGORY. The contractor shall provide Registered Nurse (RN) services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Pain Clinic located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The contractor shall provide health care workers to the Pain Clinic, Monday through Saturday (variable) for 8.5 or 10.5 hour shifts (to include an uncompensated .5 hour meal break).

Ambulatory Care Clinics	0700-1900 (8/10 hr day shift) Monday-Saturday
----------------------------	---

Pain Clinic	1 HCW
-------------	-------

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command

Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

- 8.1. Render nursing care to patients within assigned unit of the hospital.
- 8.2. Assess patients to ensure that proper pre-anesthetic screening has been completed.
- 8.3. If an emergency arises, make appropriate decisions regarding care and deliver care or supervise nursing personnel in delivering the care.
- 8.4. Perform IV Conscious Sedation under medical orders.
- 8.5. Be responsible for monitoring patient's vital signs, SaO2 levels during procedures as well as during the recovery phase. Includes continuous EKG monitoring, recognizing and treating arrhythmias appropriately, per ACLS guidelines.
- 8.6. Assist medical staff as needed with procedures and treatments.
- 8.7. Apply extensive knowledge of procedures such as cardiopulmonary resuscitation, IV and venipuncture therapy.

- 8.8. Assist patient and family teaching as necessary.
- 8.9. Explain tests, procedures, medications, and follow up therapy.
- 8.10. Utilize current educational resources available, maintaining and expanding professional knowledge and skills.
- 8.11. Direct, monitor, and supervise paramedical personnel (corps staff).
- 8.12. Successfully complete the NMCP medication administration test and all Learning Resource Guides.
- 8.13. Successfully complete the NMCP inservices for IV therapy.
- 8.14. Attends meetings, inservice training and other educational programs as required annually.
- 8.15. Participates in facility-wide and clinic specific Performance Improvement Plans.
- 8.16. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.
- 8.17. Certify in medication administration in accordance with NMCP service policy within 30 days of commencement of services under task order.
- 8.18. Complete Venipuncture, IV Therapy, Medication Administration, IV Push Administration and IV Conscious Sedation Courses or similar credentials.
9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this task order shall:
 - 9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.
 - 9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Commissioner of Graduates of Foreign Nursing Schools exam or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.
 - 9.3. Have a minimum of one years' full-time (40-hrs per week) experience within the last three years as a RN and six months current experience working in the area for which applying.
 - 9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 004

LICENSED PRACTICAL/VOCATIONAL NURSE
Pain Clinic

1. LABOR CATEGORY. The contractor shall provide Licensed Practical/Vocational Nurse (LPN/LVN) services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Pain Clinic located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The contractor shall provide health care workers to the Pain Clinic, Monday through Saturday, from 0700-1900 for 8.5 or 10.5 hour shifts. Shifts include an uncompensated .5 hour meal break.

3.2. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.3. Shift Schedules: For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, ~~orientations may be waived by the Government~~the Government may waive orientations if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, ~~orientations may be~~

~~waived by the Government~~the Government may waive orientations if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Render nursing care to patients within assigned unit of the hospital.

8.2. Answer call lights and assist patients as required.

8.3. Obtain and document patient and pertinent family history.

8.4. Formulate, document, and implement a nursing care plan for assigned patients and review and update them as required in concert with the RN.

8.5. Ensure accurate medications are administered in correct form and dosage to the proper patient as directed by the physician.

8.6. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

8.7. Document patient's response to medications and treatments.

8.8. Check medication and drug stock to ensure adequate supply and reorder if necessary.

8.9. Check IVs -to ensure they are on schedule, running at correct rate of speed and regulate if necessary.

8.10. Perform routine nursing care activities to include taking blood pressures, temperatures, changing of linen, ambulating patients, urine testing, and otherwise assist in the care of the physical needs of the patient.

8.11. Make rounds and monitor and check for changes in patient's conditions; report adverse symptoms or reactions to the RN in charge.

8.12. Record food and fluid intake and output.

- 8.13. Administer treatments, irrigations, enemas, catheters and suction; change dressings, apply compresses, and transport patients to other areas of the facility to include Radiology, various clinics, physical therapy, and others as ordered by the physician.
- 8.14. Assist with charting of nursing observations, treatments, and procedures; and transcribe orders when requested.
- 8.15. Set up for procedures and assist physicians with treatments, dressings, and physical exams as requested.
- 8.16. Perform preoperative procedures for surgery, and fill out preoperative checklist.
- 8.17. Collect specimens as directed, label, and send to laboratory.
- 8.18. Operate basic equipment required in the delivery of patient care such as IV pumps, oxygen administration apparatus, incentive spirometer, EKG machines, suction apparatus, and other pumps used in the delivery of medications.
- 8.19. Assist patients in admission, transfer, and discharge procedures.
- 8.20. Assist in emergency procedures such as CPR.
- 8.21. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.22. Maintain an orderly, safe environment of care for patients and personnel.
- 8.23. Successfully complete the NMCP medication administration test and all Learning Resource Guides.
- 8.24. Successfully complete the NMCP inservices for IV therapy.
- 8.25. Attends meetings, inservice training and other educational programs as required annually.
- 8.26. Participates in facility-wide and clinic specific Performance Improvement Plans.
- 8.27. Observe patients and report pertinent data on condition and medication or treatments.
- 8.28. Prepare equipment and assist physicians with treatment procedures.
- 8.29. Take vital signs, monitor and check for changes in patients' conditions.
- 8.30. Assist the professional nurse and/or physician with individual, group, and family health instruction in relation to the patient's condition and his/her ability for self-care. Assist in the dissemination of appropriate literature dealing with subjects related to the particular health problems involved. Assist in providing physical and psychological support to patients, assist in the explanation of procedures and treatment, and promotes cooperation among staff, patients and families.
- 8.31. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.
- 8.32. Assist the physician in a variety of diagnostic examinations such as lumbar punctures by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.
- 8.33. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

8.34. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suction, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

8.35. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

8.36. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

8.37. Recognize conditions, which require isolation and ensure universal precautions are used in all patient encounters.

8.38. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

8.39. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

8.40. Ensure maintenance and resupply of pharmaceuticals in the clinic.

8.41. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform supervisor of discrepancies.

8.42. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

8.43. Receive certification in medication administration in accordance with NMCP service policy within 30 days of commencement of services under contract.

9. MINIMUM PERSONNEL QUALIFICATIONS. LPNs providing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one years' full-time experience (40 hours per week) within the last two years as a LPN/LVN and six months current experience working in the area for which applying.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 005

REGISTERED NURSE
Emergency Department

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Emergency Department located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The Emergency Department operates 24 hours a day, 365 days per year. The contractor shall provide 400 hours of health care worker services to the Emergency Department each week (Sunday through Saturday). Shift length varies with 8, 10 and 12 hour shifts. Eight and 10 hour shifts allow a 30 minutes meal break while the 12-hour shift allows a 45 minute meal break.

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will

conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate.

8.1. Provides professional nursing care to patients within assigned unit/clinic.

8.2. Performs assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.

8.3. Formulates a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.

8.4. Implements care in a knowledgeable, skillful, consistent, and continuous manner.

8.5. Establishes priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.

8.6. Evaluates effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.

8.7. Demonstrates competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).

8.8. Identifies patient/significant other learning needs and implement appropriate measures to meet identified needs.

8.9. Performs documentation (manually and/or by use of computer) duties on unit and in patient record which are timely, accurate, and concise.

- 8.10. Demonstrates awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Functions with an awareness and application of safety issues as identified within the institution.
- 8.12. Performs efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrates sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintains an awareness of responsibility and accountability for own professional practice.
- 8.15. Participates actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrates self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seeks validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrates awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participates in development and attainment of unit and Nursing Directorate goals.
- 8.20. Participates in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrates effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulates and uses effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practices effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remains flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures.
- 8.26. Performs other duties within the scope of Registered Nurse practice as requested.
- 8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.28. ADDITIONAL DUTIES/RESPONSIBILITIES OF REGISTERED NURSES ASSIGNED TO THE EMERGENCY DEPARTMENT: The health care worker shall:
 - 8.28.1. Appropriately triage patients who present to the Emergency Department.
 - 8.28.2. Continually assess patient(s) condition(s) for potential or life threatening crisis. Monitors and documents patient response to treatment in a timely fashion.

- 8.28.3. Safely administer prescribed medications to include intravenous drips and intravenous push drugs.
- 8.28.4. Operate hemodynamic equipment safely and effectively. Interpret generated data and responds appropriately.
- 8.28.5. Supervise and provide care to patients of all ages presenting in the Emergency Department.
- 8.28.6. Perform Advanced Life Support (ALS) and Pediatric Advanced Life Support (PALS) as needed.
- 8.28.7. Assist the physician(s) in the performance of emergency procedures.
- 8.28.8. Successfully complete an emergency room specific skills inventory within 30 days of assignment at NMCP.
- 8.28.9. Provide evidence of ABG certification prior to performing the task.
- 8.28.10. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this Task Order shall:

- 9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.
- 9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Commissioner of Graduates of Foreign Nursing Schools exam (CGFNS) or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.
- 9.3. Have a minimum of one year full-time experience (40 hours per week) within the last two years as an RN caring for patients in at least a Level II Emergency Department setting.
- 9.4. Have current certification in Advanced Life Support (ALS) and Pediatric Advanced Life Support (PALS).
- 9.5. Provide two letters of recommendation from three practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. References must have been written within the past 3 years.

Attachment 006

REGISTERED NURSE
Psychiatry In-Patient

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.
2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Psychiatry In-Patient Ward located at the Naval Medical Center Portsmouth (NMCP).
3. DUTY HOURS.

3.1. Naval Medical Center Portsmouth operates 24 hours a day, 365 days per year. Shift length varies with 8 and 12 hour shifts. Eight-hour shifts allow a 30 minute meal break while 12-hour shifts allow a 45 minute meal break. The health care worker shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Registered Nurse in any setting immediately prior to reporting for the shift.

	Day Shifts	# of HCW	Evening Shifts	# of HCW	Night Shifts	# of HCW
WEEKDAYS (MON – FRI)	8 HR 0645-1515	Provided to Contractor with shift schedule (Para 3.4.)	8 HR 1445-2315	Provided to Contractor with shift schedule (Para 3.4.)	8 HR 2245-0715	Provided to Contractor with shift schedule (Para 3.4.)
WEEKENDS (SAT & SUN)	12 HR 0645-1930	Provided to Contractor with shift schedule (Para 3.4.)			12 HR 1845-0730	Provided to Contractor with shift schedule (Para 3.4.)

3.2. The following is a list of Federal holidays observed by this installation: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The number of nurses required on holidays is the same as the number of nurses required on the weekends.

3.3. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Provides professional nursing care to patients within assigned unit/clinic.

8.2. Performs assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.

- 8.3. Formulates a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.
- 8.4. Implements care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.5. Establishes priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.6. Evaluates effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrates competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).
- 8.8. Identifies patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Performs documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.
- 8.10. Demonstrates awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Functions with an awareness and application of safety issues as identified within the institution.
- 8.12. Performs efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrates sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintains an awareness of responsibility and accountability for own professional practice.
- 8.15. Participates actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrates self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seeks validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrates awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participates in development and attainment of unit and Nursing Directorate goals.
- 8.20. Participates in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrates effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulates and uses effective working relationships with all health care team members, patients, and significant others.

8.24. Practices effective problem identification and resolution skills as a method of sound decision making.

8.26. Remains flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures of Directorate of Nursing.

8.27. Performs other duties within the scope of Registered Nurse practice as requested.

8.28. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.

8.29. ADDITIONAL DUTIES/RESPONSIBILITIES:

8.29.1. Applies in-depth knowledge of nursing theory and principles relative to the care of patients with complex psychiatric conditions, to include milieu therapy, group dynamics, use of psychotropic medications and crisis intervention.

8.29.2. Demonstrates a sound understanding and manages a therapeutic milieu; providing structure, social support, patient education, safety, and social skills training.

8.29.3. Participates in discharge planning utilizing available resources, to include rehabilitation as appropriate.

8.29.4. Assesses and intervenes in clinical situations (including suicidal, homicidal, or elopement behavior) that may require physical and/or pharmacological restraints to maintain a safe and therapeutic environment.

8.29.5. Follows Command and unit specific policies for Seclusion/Restraint, Elopement, ECT, and Management of the Assaultive Patient.

8.29.6. Obtains 12 lead EKGs, determines implications, and takes indicated actions:

8.29.7. Supervises, escorts, or acts as a therapeutic participant in patient activities both on and off the unit.

8.29.8. Liaisons with patient's military command as needed, communicating inpatient needs and outpatient discharge plans.

8.29.9. Attend the 6-day Psychiatric Care course.

8.29.10. Successfully complete of all Command LRGs.

8.29.11. Successfully complete the Psychiatric Nursing Department Medication Test within 30 days of assignment.

8.29.12. Successfully complete the Psychiatric Nursing Department Clinical Knowledge Competency Assessment Examination within 30 days of assignment.

8.29.13. Successfully complete the Psychiatric Care Course within 14 weeks of assignment.

8.29.14. Successfully complete NMCP Nursing Service Skill Levels I - III and Psychiatric/ Mental Health Nursing Department Skill Levels I - III within 18 weeks of assignment.

8.29.15. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have one year of full-time experience (40 hours per week) in professional nursing practice within the last two years. Primary care experience and tertiary care facility experience are preferred.

9.4. Successfully complete a preceptorship with a NITT nurse.

9.5. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 007

REGISTERED NURSE
Breast Clinic

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Breast Clinic located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The health care worker shall provide services for the Breast Clinic 40 hours per week. The health care worker shall normally work for 8.5 or 10.5 hours, (to include an uncompensated .5 hour meal break), between the hours of 0700 –1900, Monday through Saturday.

3.2. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.3. Shift Schedules: Upon contract award, the Government will provide the contractor with the HCW's schedule. The Government reserves the right to change shift hours with 30 days notice.

4. ABSENCES AND LEAVE. The health care worker shall accrue leave as an individual.

4.1. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander. Six hours of paid annual leave are accrued by the health care worker at the end of every 80-hour period worked. However, annual leave accrual rates will be doubled for the first two 80 hour periods worked). No annual leave will accrue for the final two pay periods of a task order. The health care worker shall be compensated by the Government for these periods of authorized planned absence.

4.2. Unplanned absences due to illness or other incapacitation of the health care worker will be allowed up to a maximum of 13 days per year. Two hours of paid sick leave are accrued by the health care worker at the end of every 80 hours period worked. The health care worker shall follow the policy of the Commander regarding request and the use of sick leave. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commander to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine and/or re-examine any health care worker who meets this criterion. The health care worker shall be compensated by the government for these periods of authorized absence.

4.3. Any and all sick and annual leave accrued by the health care worker will be forfeited at the expiration of his or her period of performance. If the health care worker is terminated, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued annual leave must be used within that notice period or forfeited. Sick leave taken during this period shall be supported by a physician's statement of illness upon request.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. The health care workers shall:

8.1. Provide professional nursing care to patients within assigned unit/clinic.

8.2. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.

8.3. Formulate a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.

8.4. Implement care in a knowledgeable, skillful, consistent, and continuous manner.

8.5. Establish priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.

- 8.6. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrate competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).
- 8.8. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Perform documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.
- 8.10. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Function with an awareness and application of safety issues as identified within the institution.
- 8.12. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintain an awareness of responsibility and accountability for own professional practice.
- 8.15. Participate actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seek validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrate awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participate in development and attainment of unit and Directorate goals.
- 8.20. Participate in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrate appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrate effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulate and use effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practice effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remain flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures.
- 8.26. Perform other duties within the scope of Registered Nurse practice as requested.

8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.

8.28. Maintain accurate records of patient education or direct hands on care, referrals, and follow-up calls.

8.29. Evaluate resource materials and maintains resource library of breast cancer materials appropriate for health care providers and patients.

8.30. Orient and educate staff on inpatient and outpatient units in relation to the Breast Cancer program and competency based skills necessary to care for breast cancer patients.

8.31. Participate in continuing education through seminars, workshops, conferences, and network with others in the field.

8.32. Be skilled in operating specialized medical equipment.

8.33. Document annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and Occupational Safety Health Act (OSHA) required classes. These courses will be provided at Government expense.

8.34. Successfully complete the clinic specific competency skills checklist within the first 20 shifts.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs performing service under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Commissioner of Graduates of Foreign Nursing Schools exam (CGFNS) or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one-year full-time (40 hours per week) experience within the last two years working with oncology patients and their families.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 008

REGISTERED NURSE
Pediatric, Adult Medical and Family Care Service Lines,
and Vascular Surgery Clinics

1. **LABOR CATEGORY.** The contractor shall provide Registered Nurse services.

2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Pediatric, Adult Medical Care Service Line, Family Care Service Line, and Vascular Surgery Clinics located at the Naval Medical Center, Portsmouth (NMCP).

3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the following clinics for shifts of 8.5 or 10.5 hours (to include an uncompensated .5 hour meal break).

Ambulatory Care Clinics	Variable (8/10 hr day shift) Monday-Friday 0700-1900	Variable (8/10 hr day shift) Monday-Sunday 0700-1900
Pediatrics		# of HCWs required provided to Contractor with schedule (para 3.5.)
Adult Medical Care Service Line (Internal Medicine and Subspecialties)	# of HCWs required provided to Contractor with schedule (para 3.5.)	
Family Care Service Line Clinics (Family Practice)	# of HCWs required provided to Contractor with schedule (para 3.5.)	
Surgical/Vascular	# of HCWs required provided to Contractor with schedule (para 3.5.)	

3.2. Uniforms shall comply with section IX of the NMCP Nursing Policy Manual. Scrubs: solid pants - tops can be solid or multi-colored.

3.3. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.4. Services are not normally required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. However, the health care worker can be subject to holiday rotations if the holiday is designated as a day "after hours clinic".

3.5. **Shift Schedules:** Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.5.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. **ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.**

7.1. **ORIENTATION – Command, Clinical and Unit**

7.1.1. **Command and Clinical Orientations at task order start.** Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. **Command and Clinical Orientations after task order start.** Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. **Unit Orientation.** Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. **Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation.** NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. **The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures.** Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. **CLINICAL RESPONSIBILITIES.** Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

- 8.1. Provides professional nursing care to patients within assigned clinic.
- 8.2. Performs assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.
- 8.3. Implements care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.4. Establishes priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.5. Evaluates effectiveness of self-care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.6. Demonstrates competency in medication and intravenous (IV) administration to include blood products (Rhogram).
- 8.7. Identifies patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.8. Performs documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.
- 8.9. Demonstrates awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.10. Functions with an awareness and application of safety issues as identified within the institution.
- 8.11. Performs efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.12. Demonstrates sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.13. Maintains an awareness of responsibility and accountability for own professional practice.
- 8.14. Participates actively in staff development for clinic and Directorate personnel and evaluation of personnel.
- 8.15. Demonstrates self-directed learning and participation in continuing education to meet own professional growth.
- 8.16. Seeks validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.17. Demonstrates awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.18. Participates in development and attainment of clinic and Nursing Directorate goals.
- 8.19. Participates in Command Process Improvement activities.
- 8.20. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and clinic activities.
- 8.21. Demonstrates effective and professional communication methods, and skills, using lines of authority appropriately.

- 8.22. Formulates and uses effective working relationships with all health care team members, patients, and significant others.
- 8.23. Practices effective problem identification and resolution skills as a method of sound decision making.
- 8.24. Remains flexible in staffing patterns and resolution of staffing conflicts.
- 8.25. Performs other duties within the scope of Registered Nurse practice as requested.
- 8.26. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.27. Provides professional nursing care and related nursing services to eligible beneficiaries in an ambulatory care clinic setting.
- 8.28. Makes independent nursing practice decisions to plan, organize, develop, and implement methods of providing quality nursing care/nursing service in an ambulatory care setting.
- 8.29. Provides individual, group, and family/significant other counseling and health teaching in relation to the patient's condition and his/her ability for self-care. Provides for accessibility to various literature resources dealing with subjects related to specific patient health problems. Provides physical and psychological support to patients and significant others, explains procedures and treatments, and promotes cooperation among staff, patients, and significant others.
- 8.30. Maintains liaison with allied health care professionals and community referral services. Coordinates patient health care needs with appropriate referrals as indicated.
- 8.31. Maintains link with professional organizations and nursing standards relevant to ambulatory care. Implements nursing care in the ambulatory setting using these standards.
- 8.32. Liaisons with appropriate inpatient units as an advocate for continuity of care planning, follow-up, and outcome measurement.
- 8.33. Possesses age specific knowledge and competency appropriate to setting population.
- 8.34. Promotes health maintenance and preventive health initiatives in caring for patients in the ambulatory setting.
- 8.35. Collaborates in the planning, organizing, and directing of clinical operations to include providing technical supervision to paraprofessional nursing staff. Possesses knowledge of basic management theory as applicable to the ambulatory care setting.
- 8.36. Collaborates in the review and revision of clinic standing operating procedures.
- 8.37. If directed, performs phone triage based on accepted protocols and assists as needed in accessing appropriate ambulatory/emergency care for beneficiaries.
- 8.38. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (OSHA) required classes. These courses will be provided at Government expense.
- 8.39. Successfully complete the clinic specific competency skills checklist within the first 20 shifts.
- 8.40. Demonstrate competency in providing nursing care for conscious sedation patients of all ages with medical and/or surgical problems in the ambulatory setting as applicable.

8.41. Demonstrate continual assessment of patients for potential of life threatening crisis during these procedures as applicable.

8.42. Demonstrate competency as circulator or recovery nurse for surgical procedures performed in the ambulatory clinics as applicable.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Commissioner of Graduates of Foreign Nursing Schools exam or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one year full-time experience within the last two years working in the professional category (Pediatric, Internal Medicine, Family Practice or Surgery).

9.4. Have PALS certification and ALS certification as applicable to JCAHO competency requirements for ambulatory care settings.

9.5. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 009

REGISTERED NURSE
Orthopedic Outpatient Department

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Orthopedic Clinic located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The contractor shall provide health care workers to the Orthopedic Outpatient Clinic, Monday through Saturday, from 0700-1900 for 8.5 or 10.5 hour shifts. Shifts include an uncompensated .5 hour meal break.

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-

by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/clinic team leader or his/her relief as appropriate. Middle management is by the Associate Service Line Leader Nursing or his/her relief and executive management is by the Associate Director, Reparative Services or his/her relief. The health care workers shall:

- 8.1. Provide professional nursing care to patients within assigned unit/clinic.
- 8.2. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interview patients to obtain history.
- 8.3. Formulate a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.
- 8.4. Implement care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.5. Establish priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.6. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrate competency in medication and intravenous (IV) administration.
- 8.8. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Perform documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.

- 8.10. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Function with an awareness and application of safety issues as identified within the institution.
- 8.12. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintain an awareness of responsibility and accountability for own professional practice.
- 8.15. Participate actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seek validation of knowledge base, skill level, and decision making as necessary and assertively seek guidance in areas of question.
- 8.18. Demonstrate awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participate in development and attainment of unit and Reparative Directorate goals.
- 8.20. Participate in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrate appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrate effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulate and uses effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practice effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remain flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures of Reparative Directorate.
- 8.26. Perform other duties within the scope of Registered Nurse practice as requested.
- 8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.28. ADDITIONAL DUTIES/RESPONSIBILITIES. RNs performing services under this task order shall:
 - 8.28.1. Be responsible for providing professional nursing care and related nursing services to eligible beneficiaries in an ambulatory care clinic setting.
 - 8.28.2. Make independent nursing practice decisions to plan, organize, develop, and implement methods of providing quality nursing care/nursing service in an ambulatory care setting.

8.28.3. Provide individual, group, and family/significant other counseling and health teaching in relation to the patient's condition and his/her ability for self-care. Provide for accessibility to various literature resources dealing with subjects related to specific patient health problems. Provide physical and psychological support to patients and significant others, explains procedures and treatments, and promotes cooperation among staff, patients, and significant others.

8.28.4. Maintain liaison with allied health care professionals and community referral services. Coordinate patient health care needs with appropriate referrals as indicated.

8.28.5. Maintain link with professional organizations and nursing standards relevant to ambulatory care. Implement nursing care in the ambulatory setting using these standards.

8.28.6. Liaison with appropriate inpatient units as an advocate for continuity of care planning, follow-up, and outcome measurement.

8.28.7. Possess age specific knowledge and competency appropriate to setting population.

8.28.8. Promote health maintenance and preventive health initiatives in caring for patients in the ambulatory setting.

8.28.9. Collaborate in the planning, organizing, and directing of clinical operations to include providing technical supervision to paraprofessional nursing staff. Possess knowledge of basic management theory as applicable to the ambulatory care setting.

8.28.10. Collaborate in the review and revision of clinic standing operating procedures.

8.28.11. Perform phone triage based on accepted protocols and assists as needed in accessing appropriate ambulatory/emergency care for beneficiaries.

8.29. Successfully complete the unit specific competency skills checklist within the first 20 shifts.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs performing service under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Be a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the (Commissioner of Graduates of Foreign Nursing Schools exam (CGFNS) or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one year full-time (40 hours per week) experience within the last two years working in professional category for which applying.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. The reference must have been written within the past 3 years.

Attachment 010

LICENSED PRACTICAL/VOCATIONAL NURSE
Pediatric and Family Care Service Lines

1. **LABOR CATEGORY.** The contractor shall provide Licensed Practical/Vocational Nurse (LPN/LVN) services.
2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Pediatric and Family Care Services Lines located at the Naval Medical Center, Portsmouth (NMCP).
3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the following clinics, 8.5 hour shifts (to include an uncompensated .5 hour meal break).

Ambulatory Care Clinics	0730-1600 (8 hr day shift) Monday-Friday	0730-1600 (8 hr day shift) Monday-Sunday
Pediatrics		# of HCWs required provided to Contractor with schedule (Para 3.5.)
Family Care Service Line Clinics (Family Practice)	# of HCWs required provided to Contractor with schedule (para 3.5.)	

3.2. Uniforms shall comply with section IX of the NMCP Nursing Policy Manual. Scrubs: solid pants - tops can be solid or multi-colored.

3.3. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.4. Services are not normally required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. However, the health care worker can be subject to holiday rotations if the holiday is designated as a day for "after hours clinic".

3.5. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.5.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care,

skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4 Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Render nursing care to patients within assigned clinic/unit.

8.2. Obtain and document patient and pertinent family history.

8.3. Ensure accurate medications are administered in correct form and dosage to the proper patient as directed by the physician.

- 8.4. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.
- 8.5. Document patient's response to medications and treatments.
- 8.6. Check medication and drug stock to ensure adequate supply and reorder if necessary.
- 8.7. Check IVs to ensure they are on schedule, running at correct rate of speed and regulate if necessary.
- 8.8. Make rounds and monitor and check for changes in patient's conditions; report adverse symptoms or reactions to the RN in charge.
- 8.9. Record food and fluid intake and output.
- 8.10. Administer treatments, irrigations, enemas, catheters and suction; change dressings, apply compresses, and transport patients to other areas of the facility to include Radiology, various clinics, physical therapy, and others as ordered by the physician.
- 8.11. Assist with charting of nursing observations, treatments, and procedures.
- 8.12. Set up for procedures and assist physicians with treatments, dressings, and physical exams as requested and clean up room after a procedure.
- 8.13. Collect specimens as directed, label, and send to laboratory.
- 8.14. Operate basic equipment required in the delivery of patient care such as IV pumps, oxygen administration apparatus, EKG machines & suction apparatus.
- 8.15. Assist patients in check-in and discharge instructions.
- 8.16. Assist in emergency procedures such as CPR.
- 8.17. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.18. Maintain an orderly, safe environment of care for patients and personnel.
- 8.19. Successfully complete the NMCP medication administration test and Learning Resource Guide.
- 8.20. Successfully complete the NMCP inservices for IV therapy.
- 8.21. Attends meetings, inservice training and other educational programs as required annually.
- 8.22. Participates in facility-wide and clinic specific Performance Improvement Plans.
- 8.23. Observe patients and report pertinent data on condition and medication or treatments.
- 8.24. Take vital signs, monitor and check for changes in patients' conditions.
- 8.25. Assist the professional nurse and/or physician with individual, group, and family health instruction in relation to the patient's condition and his/her ability for self-care. Assist in the dissemination of appropriate literature dealing with subjects related to the particular health problems involved. Assist in providing physical and psychological support to patients, assist in the explanation of procedures and treatment, and promotes cooperation among staff, patients and families.

8.26. Check patients in for scheduled appointments.

8.27. Assist with stocking of patient examination rooms.

8.28. Act as a liaison between the Tricare booking agents, ensuring and/or scheduling appointments appropriately.

8.29. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

8.30. Obtain certification in medication administration in accordance with NMCP service policy within 30 days of commencement of services.

9. MINIMUM PERSONNEL QUALIFICATIONS. LPNs providing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one years' full-time experience (40 hours per week) within the last two years as a LPN/LVN.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 2 years.

Attachment 011

LICENSED PRACTICAL NURSE/LICENSED VOCATIONAL NURSE
Obstetric Outpatient Clinic

1. **LABOR CATEGORY.** The contractor shall provide Licensed Practice Nurses/Licensed Vocational Nurse services.

2. **PLACE OF PERFORMANCE.** The health care workers shall provide services in the Obstetrics Outpatient Clinics for the Naval Medical Center, Portsmouth (Charette, Dam Neck/Oceana, Boone Sewells Point).

3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the at the Obstetric Outpatient Clinic Monday through Friday for an 8.5 hour shift (to include an uncompensated .5 hour meal break).

Day Shift	HCW
Monday- Friday	
8 HR	1
0730-1600	

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. **Shift Schedules:** Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. **ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.**

7.1. **ORIENTATION** – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments; attend meetings, inservice training and other educational programs as required annually; and participate in facility-wide and clinic specific Performance Improvement Plans.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Render nursing care to patients within assigned clinic.

8.2. Obtain and document patient and pertinent family history.

8.3. Formulate, document, and implement a nursing care plan for assigned patients and review and update them as required in concert with the RN.

8.4. Ensure accurate medications are administered in correct form and dosage to the proper patient as directed by the physician.

8.5. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

8.6. Document patient's response to medications and treatments.

- 8.7. Check medication and drug stock to ensure adequate supply and reorder if necessary.
- 8.8. Check IVs to ensure they are on schedule, running at correct rate of speed and regulate if necessary.
- 8.9. Perform routine nursing care activities to include taking blood pressures, temperatures, urine testing, and otherwise assist in the care of the physical needs of the patient.
- 8.10. Check for changes in patient's conditions; report adverse symptoms or reactions to the RN or physician.
- 8.11. Administer treatments within the scope of LPN practice as ordered by the physician. Transport patients to other areas of the clinic.
- 8.12. Assist with charting of nursing observations, treatments, and procedures; and transcribe orders when requested.
- 8.13. Set up for procedures and assist physicians with treatments and physical exams as requested.
- 8.14. Perform preoperative procedures for surgery, and fill out preoperative checklist.
- 8.15. Collect specimens as directed, label, and send to laboratory.
- 8.16. Operate basic equipment required in the delivery of patient care such as IV pumps, oxygen administration apparatus, incentive spirometer, EKG machines, suction apparatus, and other pumps used in the delivery of medications.
- 8.17. Assist patients in admission, transfer, and discharge procedures.
- 8.18. Assist in emergency procedures such as CPR.
- 8.19. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.20. Maintain an orderly, safe environment of care for patients and personnel.
- 8.21. Successfully complete the NMCP medication administration test and Learning Resource Guide.
- 8.22. Successfully complete the NMCP inservices for IV therapy.
- 8.23. Observe patients and report pertinent data on condition and medication or treatments.
- 8.24. Prepare equipment and assist physicians with treatment procedures.
- 8.25. Take vital signs, monitor and check for changes in patients' conditions.
- 8.26. Assist the professional nurse and/or physician with individual, group, and family health instruction. Assist in the dissemination of appropriate literature dealing with subjects related to the particular health problems involved. Assist in providing physical and psychological support to patients, assist in the explanation of procedures and treatment, and promotes cooperation among staff, patients and families.
- 8.27. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

8.28. Obtain certification in medication administration in accordance with NMCP service policy within 30 days of commencement of services under this task order.

9. MINIMUM PERSONNEL QUALIFICATIONS. LPNs providing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one years' full-time experience (40 hours per week) within the last two years as a LPN/LVN.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 012

CERTIFIED NURSING ASSISTANT
Obstetric Outpatient Clinic

1. **LABOR CATEGORY.** The contractor shall provide Certified Nursing Assistant services.

2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Obstetrics Outpatient Clinic located at the Naval Medical Center, Portsmouth (NMCP) and Branch Clinics Sewells Point, Boone, Dam Neck/Oceana.

3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the Obstetric Outpatient Clinic, Monday through Friday for 8.5 hours shifts (to include an uncompensated .5 hour meal break).

Day Shift	HCW
Monday- Friday	
8 HR	7 *
0730-1600	

*NOTE - There are three outpatient obstetric branch clinics under NMCP. The schedule represents 2 shifts at NMCP, 2 shifts at Dam Neck, 2 shifts at Sewells Point and 1 shift at Boone Clinic.

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. **Shift Schedules:** Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. **ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.**

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Greet patients and prepare them for exams.

8.2. Clean and stock exam rooms.

8.3. Take and record vital signs as required (temperature, pulse, respiratory rate, blood pressure).

8.4. Collect specimens (urine, stool, sputum) and take them to the lab.

8.5. Observe patient noting physical appearance, attitude, response to medications and treatments, appetite, family interaction, etc. Record observations and alert nurse supervisor concerning significant observations.

8.6. Perform admission and discharge procedures as required.

- 8.7. Direct visitors, and explain restrictions, visiting hours, etc.
 - 8.8. Maintain an orderly, safe environment of care for patients and personnel.
 - 8.9. Perform charting duties as required.
 - 8.10. Clean and disinfect equipment, wrap and pack for sterilization and operate autoclaves; resterilize unused exposed equipment. Restock supplies.
 - 8.11. Attend meetings, inservice training and educational programs as required annually.
 - 8.12. Consult with, and keep supervisor informed of unit needs and problems related to patient care.
 - 8.13. Participates in facility-wide and unit-specific Performance Improvement Plan.
 - 8.14. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
 - 8.15. Triage Room: Greets patients and prepares them for exam by the RN and Physician in Charge. Standbys for exam and monitors patient's response. Places patient on fetal monitor, takes vital signs, and initiates the Emergency Treatment Report (ETR). Stocks supplies, and maintains a clean, safe environment of care. Transports patients to Labor and Delivery.
9. MINIMUM PERSONNEL QUALIFICATIONS. CNAs providing services under this Task Order shall:
- 9.1. Have certification as a nursing assistant and experience as a nurse assistant of at least 12 months within the preceding 36 months, or
 - 9.2. Submit letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, address and signature of the individual providing reference. Reference letters must have been written within the past 2 years.

Attachment 013

REGISTERED NURSE
Primary Care

1. LABOR CATEGORY. The contractor shall provide Registered Nurses - Primary Care services.

2. PLACE OF PERFORMANCE. The health care worker shall provide services for the Naval Medical Center Portsmouth in the Primary Care Clinics identified in Schedule B.

3. DUTY HOURS.

3.1. Registered Nurses may be required to provide services during any hour of operation for Branch Medical Clinics and Tricare Prime Clinics. Current hours of operation:

Branch Medical Clinic, Naval Air Station Oceana
Monday through Saturday = 0700 to 1900

Branch Medical Clinic Boone
Monday through Sunday, and Group A holidays = 0700 to 1900

Tricare Prime Clinic - Virginia Beach
Monday through Sunday, and Group A holidays = 0700 to 1900
Group B holidays = 0900 to 1700

Tricare Prime Clinic - Chesapeake
Monday through Saturday, and Group A holidays = 0700 to 1900

Tricare Prime Clinic Northwest
Monday through Friday = 0700-1600

Note: Group A Holidays: Martin Luther King Jr's Birthday (third Monday in January), President's Day (third Monday in February), Columbus Day (second Monday in October) and Veteran's Day (eleventh day of November).

Group B Holidays: New Year's Day (first day in January), Memorial Day (last Monday in May), Independence Day (fourth day in July), Labor Day (first Monday in September), Thanksgiving Day (fourth Thursday in November), and Christmas Day (twenty-fifth day in December).

3.2. The Government reserves the right to change clinic hours with 30 days written notice to the contractor.

3.3. The contractor shall provide services in accordance with this contract. Staffing matrices will be provided after contract award. Duty hours are inclusive of a meal break which shall be taken during a period when there is sufficient coverage by other health care workers. The time allotted for a meal break shall not be taken at the completion of a scheduled shift. At the mutual agreement of the contractor and the Commander, alternative work schedules may be instituted.

3.4. SHIFT SCHEDULING. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) four weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.

3.4.1. All HCWs must work a minimum of 8 hours at their "primary care site" each month.

3.5. No more than two individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

3.6. The Government's direction to increase staffing shall take effect 70 days after receiving written notification. Seventy days allows for 30 days for health care worker recruitment, 10 days for COR review of IPF/ICF, and 30 days for NMCP review/approval of IPF/ICP. The Government's direction to decrease staffing shall take effect 30 days after the contractor receives written notification.

3.7. The Government requires some HCWs at the Oceana Clinic to arrive 15 minutes prior to their scheduled shifts. The Government will provide the contractor with a revised staffing matrix identify the exact number of HCWs required to arrive early.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.

6.1. ORIENTATION/TRAINING. Each health care worker employed by the Contractor shall undergo training at the expense of the Contractor with the exception of the Core Clinical Competency which will be paid for by the Government per paragraph 6.2. The health care worker shall attend and complete the training prior to start of work. Training will be held at either NMCP or the Branch Clinics. The COR may elect to waive some training for individuals who have previously worked at NMCP or the Branch Clinics. Topics and length of training may vary from initial training. Training shall not take place during regularly scheduled shift coverage. All training schedules must be approved by the COR.

RN Training	Primary Care Site Training Hours	Required Rotation Hours at other than Primary Site
CHCS Clerk	16	
Core Clinical Competency	40	8
Command Orientation (Chain of Command, AIS System, HIV Prevention, Infection Control, Bloodborne Pathogens, TB Awareness, Safety Intro, Fire Safety, TRICARE Brief, Equal Opportunity and Prevention of Sexual Harassment Workshop and Customer Service.	16	
Total	72	8

6.2. The Contractor shall assign each health care worker to one "primary care site". The health care worker shall complete core clinical competency training hours at their "primary care site". Each health care worker shall not rotate to another clinical site until the Government determines the health care worker is competent. Competency will be determined during the health care worker's initial 40 hours of service at their "primary care site" between the hours of 0700-1600, Monday through Friday, as determined by the Government. If, after core clinical competency training has been completed and the Government determines that the health care worker lacks skills necessary to perform adequately, the Government will meet with the Contractor to request removal of the health care worker

from service. Once the 40 hours of core clinical competency training is completed and the initial 40 hours of service at the primary care site is completed and satisfactory competency has been determined by the Government, the health care worker may rotate to a different "primary care site". The health care worker shall attend the required 8-hour site-specific orientation at the rotating clinical site. If the health care worker is permanently assigned to another "primary care site", the health care worker will not be required to complete additional competency determination except for the required site-specific orientation. Competency determination shall be at the expense of the Government. All other training is at the expense of the Contractor including orientation at other "primary care sites." The health care worker shall work 160 hours (after competency training) at their "primary care site" prior to the Government payment for the core clinical competency training.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care workers shall:

7.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to them during the performance of clinical procedures.

7.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

7.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

7.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

7.5. Participate in the implementation of the Family Advocacy Program as directed.

7.6. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

7.7. Comply with all NAVOSH and OSHA standards and all applicable rules, regulations and instructions.

7.8. Help maintain good inter-clinic relations through positive communication and work coordination.

8. CLINICAL RESPONSIBILITIES.

8.1. Routine workload is scheduled by the treatment facility. Workload is related to the provision of medical care by staff health care providers through written or verbal orders. The health care worker shall have full responsibility for maintenance and delivery of comprehensive applicable RN services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

8.2. The health care worker shall perform a full range of RN services, on site, using Government furnished facilities, equipment and supplies. Clinical activity will be a function of the Commander's credentialing process and the overall demand for RN services. Productivity is expected to be comparable to that of other RNs assigned to the same facility and authorized the same scope of practice.

8.3. Standard Duties. The health care worker shall perform the following duties:

8.3.1. Assist in defining patient population requiring professional nursing intervention and the establishment of guidelines to evaluate selected patients.

8.3.2. Work directly with selected patients and families to develop a plan of care to meet needs. Collaborate with other health care disciplines to provide total quality patient care.

8.3.3. Function as care coordinator to assure all aspects of patient care needs are met, to include assessment, intervention and follow-up.

8.3.4. Obtain and document patient and pertinent family history. Orient new patients and their families as required.

8.3.5. Receive patient assignments, formulate, document, and implement a nursing care plan for assigned patients and review and update them as required.

8.3.6. Check patient identification, physician's orders, and transfer information as applicable. Requisition and arrange for ordered diagnostic and therapeutic services as directed.

8.4. Treatment Duties. The health care worker shall:

8.4.1. Render professional nursing care to patients.

8.4.2. Administer immunizations, allergy treatments, oral parenteral and IV medications.

8.4.3. Direct work of LPNs, medical assistants and Hospital Corps personnel. Coordinate the clinic's operations in the absence of the/a Nurse Manager.

8.4.4. Administer specific medications at designated times and in designated manner. Receive, report and count narcotics with nurse going off duty. Maintain controlled drug records.

8.4.5. Observe patients and report pertinent data on condition and medication or treatments.

8.4.6. Prepare and administer IVs, and monitor their proper function.

8.4.7. Demonstrate proficiency according or operating manuals when using patient care electrical equipment.

8.4.8. Chart nursing observations and ensure record is complete with all procedures and test results recorded. Maintain required clinic records, patient charts, forms, logs, records, registers, census reports and collect required statistics.

8.4.9. Perform nursing techniques for the comfort and well being of patients.

8.4.10. Prepare equipment and assist physicians with treatment procedures.

8.4.11. Recognize emergencies and respond with appropriate protocol, e.g. resuscitation, oxygen, emergency drugs, cardiac massage, application of medical equipment and other, as established by the medical staff.

8.4.12. Explain procedures and treatments to patients and significant others to allay apprehension and gain cooperation and support.

8.5. Additional Duties. The health care worker shall:

8.5.1. Assist in planning, supervising and instructing LPNs, nursing assistants and ancillary personnel and ensure proper and complete discharge of physician's orders on patient care and treatment.

8.5.2. Requisition unit supplies, equipment linens medications drugs, etc. as directed. Maintain emergency supply cart and ensure that equipment is clean and in good working order prior to use. Report discrepancies to the head of nursing or supervisor.

8.5.3. Participate in the evaluation, inspection and maintenance of all emergency equipment and supplies in assigned clinical areas.

8.5.4. Participate in the evaluation and training of sufficient staffing requirements based on patient volume and acuity.

8.5.5. Participate in organization performance improvement program.

9. MINIMUM PERSONNEL QUALIFICATIONS. Registered Nurses performing services under this Task Order shall:

9.1. Either (a), a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience or (c) an Associate Degree and at least four years experience.

9.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable licensing regulations. If you are licensed outside of the 50 states, you are required to provide proof of having successfully passed the National Council Licensure Examination (NCLEX).

9.3. A minimum of one year of clinical experience in either an outpatient acute care (hospital based) or ambulatory care setting within the preceding 36 months. This experience may have been obtained concurrently with any experience required in 9.1. above.

9.4. Successfully complete the NMCP medication administration test, and successfully complete the NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the Government deems that the health care worker can evidence successful completion of a similar and comparable pharmacology test.

9.5. Successfully complete the NMCP IV placement test.

9.6. Provide three letters of recommendation. At least one of the letters must be from a practicing physician or nursing supervisor attesting to your clinical skills. The other letters may be from other physicians, medical supervisors or nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 3 years.

9.7. All HCWs must successfully pass all NMCP mandatory competencies with a score of 84 percent or as directed by the Government. (Learning Resource Guides (LRG), neonatal, pediatric, adolescent, geriatrics and pain assessment).

Attachment 014

LICENSED PRACTICAL NURSE
Primary Care

1. LABOR CATEGORY. The contractor shall provide Licensed Practical Nurses - Primary Care services.

2. PLACE OF PERFORMANCE. The health care worker shall provide services for the Naval Medical Center Portsmouth, in the Primary Care Clinics identified in Schedule B.

3. DUTY HOURS.

3.1. Licensed Practical Nurses may be required to provide services during any hour of operation for Branch Medical Clinics and Tricare Prime Clinics. Current hours of operation:

Branch Medical Clinic, Naval Air Station Oceana
Monday through Saturday = 0700 to 1900

Branch Medical Clinic Boone
Monday through Sunday, and Group A holidays = 0700 to 1900

Tricare Prime Clinic - Virginia Beach
Monday through Sunday, and Group A holidays = 0700 to 1900
Group B holidays = 0900 to 1700

Tricare Prime Clinic - Chesapeake
Monday through Saturday, and Group A holidays = 0700 to 1900

Tricare Prime Clinic Northwest
Monday through Friday = 0700-1600

Note: Group A Holidays: Martin Luther King Jr's Birthday (third Monday in January), President's Day (third Monday in February), Columbus Day (second Monday in October) and Veteran's Day (eleventh day of November).

Group B Holidays: New Year's Day (first day in January), Memorial Day (last Monday in May), Independence Day (fourth day in July), Labor Day (first Monday in September), Thanksgiving Day (fourth Thursday in November), and Christmas Day (twenty-fifth day in December).

3.2. The Government reserves the right to change clinic hours with 30 days written notice to the contractor.

3.3. The contractor shall provide services in accordance with this contract. Staffing matrices will be provided after contract award. Duty hours are inclusive of a meal break which shall be taken during a period when there is sufficient coverage by other health care workers. The time allotted for a meal break shall not be taken at the completion of a scheduled shift. At the mutual agreement of the contractor and the Commander, alternative work schedules may be instituted.

3.4. SHIFT SCHEDULING. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) four weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.

3.4.1. All HCWs must work a minimum of 8 hours at their "primary care site" each month.

3.5. No more than two individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

3.6. The Government's direction to increase staffing shall take effect 70 days after receiving written notification. Seventy days allows for 30 days for health care worker recruitment, 10 days for COR review of IPF/ICF, and 30 days for NMCP review/approval of IPF/ICP. The Government's direction to decrease staffing shall take effect 30 days after the contractor receives written notification.

3.7. The Government requires some HCWs at the Oceana Clinic to arrive 15 minutes prior to their scheduled shifts. The Government will provide the contractor with a revised staffing matrix identify the exact number of HCWs required to arrive early.

4. ABSENCES AND LEAVE. These positions are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.

6.1. ORIENTATION/TRAINING. Each health care worker employed by the Contractor shall undergo training at the expense of the Contractor with the exception of the Core Clinical Competency which will be paid for by the Government per paragraph 6.2. The health care worker shall attend and complete the training prior to start of work. Training will be held at either NMCP or the Branch Clinics. The COR may elect to waive some training for individuals who have previously worked at NMCP or the Branch Clinics. Topics and length of training may vary from initial training. Training shall not take place during regularly scheduled shift coverage. All training schedules must be approved by the COR.

LPN Training	Primary Care Site Training Hours	Required Rotation Hours at other than Primary Site
CHCS Clerk	16	
Core Clinical Competency	40	8
Command Orientation (Chain of Command, AIS System, HIV Prevention, Infection Control, Bloodborne Pathogens, TB Awareness, Safety Intro, Fire Safety, TRICARE Brief, Equal Opportunity and Prevention of Sexual Harassment Workshop and Customer Service.	16	
Total	72	8

6.2. The Contractor shall assign each health care worker to one "primary care site". The health care worker shall complete core clinical competency training hours at their "primary care site". Each health care worker shall not rotate to another clinical until the Government determines the health care worker is competent. Competency will be determined during the health care worker's initial 40 hours of service at their "primary care site" between the hours of 0700-1600 Monday through Friday, as determined by the Government. If, after core clinical competency training has been completed and the Government determines that the health care worker lacks skills necessary to perform adequately, the Government will meet with the Contractor to request removal of the health care worker from service.

Once the 40 hours of core clinical competency training is completed and the initial 40 hours of service at the primary care site is completed and satisfactory competency has been determined by the Government, the health care worker may rotate to a different "primary care site". The health care worker shall attend the required 8-hour site-specific orientation at the rotating clinical site. If the health care worker is permanently assigned to another "primary care site", the health care worker will not be required to complete additional competency determination except for the required site-specific orientation. Competency determination shall be at the expense of the Government. All other training is at the expense of the Contractor including orientation at other "primary care sites." The health care worker shall work 160 hours (after competency training) at their "primary care site" prior to the Government payment for the core clinical competency training.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care workers shall:

7.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to them during the performance of clinical procedures.

7.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

7.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

7.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

7.5. Participate in the implementation of the Family Advocacy Program as directed.

7.6. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

7.7. Comply with all NAVOSH and OSHA standards and all applicable rules, regulations and instructions.

7.8. Help maintain good interdepartmental relations through positive communication and work coordination.

8. CLINICALS RESPONSIBILITIES.

8.1. Routine workload is scheduled by the treatment facility. Workload is related to the provision of medical care by staff health care providers through written or verbal orders. The health care worker shall have full responsibility for maintenance and delivery of comprehensive applicable LPN services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

8.2. The health care worker shall perform a full range of LPN services, on site, using Government furnished facilities, equipment and supplies. Clinical activity will be a function of the Commander's credentialing process and the overall demand for LPN services. Productivity is expected to be comparable to that of other LPNs assigned to the same facility and authorized the same scope of practice.

8.3. Specific Duties. The scope of practice is based on a team approach. As an interdependent member of this health team, the health care worker shall provide important components of primary health care through direct nursing care, consultation, collaboration, and referral. Preventive health care, patient teaching and health advocacy are key components of practice. The health care worker shall:

8.3.1. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

8.3.2. Obtain and document patient and pertinent family history.

8.3.3. Diagnostic Duties. The health care worker shall:

8.3.3.1. Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

8.3.3.2. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

8.3.3.3. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

8.4. Treatment Duties. The health care worker shall:

8.4.1. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters on suction, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

8.4.2. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.

8.4.3. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

8.4.4. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the registered nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

8.4.5. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

8.4.6. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

8.4.7. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

8.4.8. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

8.4.9. Administer immunizations in a safe and accurate manner with strict adherence to all applicable Immunization policies.

8.4.10. Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.

8.4.11. Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.

8.5. Additional Duties: The health care worker shall:

- 8.5.1. Assist patients in transfer, and perform discharge planning follow-up and documentation.
- 8.5.2. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.
- 8.5.3. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions that were previously provided to the patient by a nurse, physician extender or physician.
- 8.5.4. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.
- 8.5.5. Participate in the Nursing Process. Actively document implementation of established plan of care.
- 8.5.6. Provide emotional support to patients and families.
- 8.5.7. Ensure necessary supplies are available and equipment is in functioning order.
- 8.5.8. Act as Patient Services Representative, as directed, helping to ensure good communication between patient and staff to “trouble shoot” problem areas.
- 8.5.9. Provide an orderly, clean and safe environment for patients and staff.
- 8.5.10. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.
- 8.5.11. Ensure maintenance and resupply of pharmaceuticals in the clinic.
- 8.5.12. Participate in educational and professional development by attending in-service classes on a regular basis, and share the knowledge with others. Actively participate in Organizational Performance Improvement Plan.
- 8.5.13. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform supervisor of discrepancies.
- 8.5.14. Ensure compliance to clinic infection control/cleaning policies.

9. MINIMUM PERSONNEL QUALIFICATIONS. Licensed Practical Nurses providing services under this Task Order shall:

- 9.1. Be a graduate of an accredited Licensed Practical Nurse Program.
- 9.2. Possess a current, unrestricted license to practice as an LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. Additionally, if you are licensed outside of the 50 States you must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX).
- 9.3. Have at least 12 months clinical experience as an LPN in either an outpatient acute care (hospital based) or ambulatory care setting within the preceding 36 months. This experience may have been obtained concurrently with any experience required in 9.1. above.
- 9.4. Successfully complete the NMCP medication administration test, and successfully complete the NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the Government deems that the health care worker can evidence successful completion of a similar and comparable pharmacology test.

9.5. Successfully complete the NMCP IV placement test.

9.6. Provide three letters of recommendation. At least one of the letters must be from a practicing physician or nursing supervisor attesting to your clinical skills. The other letters may be from other physicians, medical supervisors or nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 3 years.

9.7. All HCWs must successfully pass all NMCP mandatory competencies with a score of 84 percent or as directed by the Government. (Learning Resource Guides (LRG), neonatal, pediatric, adolescent, geriatrics and pain assessment).

Attachment 015

MEDICAL ASSISTANT
Primary Care

1. LABOR CATEGORY. The contractor shall provide Medical Assistant services.
2. PLACE OF PERFORMANCE. The health care worker shall provide services for the Naval Medical Center Portsmouth, in the Primary Care Clinics identified in the Schedule B.
3. DUTY HOURS.

3.1. Medical Assistants may be required to provide services during any hour of operation for Branch Medical Clinics and Tricare Prime Clinics. Current hours of operation:

Branch Medical Clinic, Naval Air Station Oceana
Monday through Saturday = 0700 to 1900

Branch Medical Clinic Boone
Monday through Sunday, and Group A holidays = 0700 to 1900

Tricare Prime Clinic - Virginia Beach
Monday through Sunday, and Group A holidays = 0700 to 1900
Group B holidays = 0900 to 1700

Tricare Prime Clinic - Chesapeake
Monday through Saturday, and Group A holidays = 0700 to 1900

Tricare Prime Clinic Northwest
Monday through Friday = 0700-1600

Note: Group A Holidays: Martin Luther King Jr's Birthday (third Monday in January), President's Day (third Monday in February), Columbus Day (second Monday in October) and Veteran's Day (eleventh day of November).

Group B Holidays: New Year's Day (first day in January), Memorial Day (last Monday in May), Independence Day (fourth day in July), Labor Day (first Monday in September), Thanksgiving Day (fourth Thursday in November), and Christmas Day (twenty-fifth day in December).

- 3.1.1. The Government reserves the right to change clinic hours with 30 days written notice to the contractor.
- 3.1.2. The contractor shall provide services in accordance with this contract. Staffing matrices will be provided after contract award. Duty hours are inclusive of a meal break which shall be taken during a period when there is sufficient coverage by other health care workers. The time allotted for a meal break shall not be taken at the completion of a scheduled shift. At the mutual agreement of you and the Commander, alternative work schedules may be instituted.

3.2. SHIFT SCHEDULING.

3.2.1. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) four weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.

3.2.1.1 All HCWs must work a minimum of 8 hours at their “primary care site” each month.

3.2.2. No more than two individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

3.2.3. The Government's direction to increase staffing shall take effect 70 days after receiving written notification. Seventy days allows for 30 days for health care worker recruitment, 10 days for COR review of IPF/ICF, and 30 days for NMCP review/approval of IPF/ICP. The Government's direction to decrease staffing shall take effect 30 days after the contractor receives written notification.

3.2.4. The Government requires some HCWs at the Oceana Clinic to arrive 15 minutes prior to their scheduled shifts. The Government will provide the contractor with a revised staffing matrix identifying the exact number of HCWs required to arrive early.

4. ABSENCES AND LEAVE. This Task Order is subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES.

6.1. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.

6.2. RESERVED.

6.3. ORIENTATION/TRAINING

6.3.1. Each health care worker employed by the Contractor shall undergo training at the expense of the Contractor with the exception of the Core Clinical Competency which will be paid for by the Government per paragraph 6.3.3. The health care worker shall attend and complete the training prior to start of work. Training will be held at either NMCP or the Branch Clinics. The COR may elect to waive some training for individuals who have previously worked at NMCP or the Branch Clinics. Topics and length of training may vary from initial training. Training shall not take place during regularly scheduled shift coverage. All training schedules must be approved by the COR.

Medical Assistant Training	Primary Care Site Training Hours	Required Rotation Hours at other than Primary Site
CHCS MCP Clerk	16	
CHCS Medical Records Tracking (MRT)	3	
Core Clinical Competency	40	8
Command Orientation (Chain of Command, AIS System, HIV Prevention, Infection Control, Bloodborne Pathogens, TB Awareness, Safety Intro, Fire Safety, TRICARE Brief, Equal Opportunity and Prevention of Sexual Harassment Workshop and Customer Service)	16	
Total	75	8

6.3.2. The Government will provide the initial Health Benefits Advising Class to a maximum of 20 Medical Assistants.

6.3.3. The Contractor shall assign each health care worker to one "primary care site". The health care worker shall complete core clinical competency training hours at their "primary care site". Each health care worker shall not rotate to another clinical until the Government determines the health care worker is competent. Competency will be determined during the health care worker's initial 40 hours of service at their "primary care site" between the hours of 0700-1600, Monday through Friday, as determined by the Government. If, after core clinical competency training has been completed and the Government determines that the health care worker lacks skills necessary to perform adequately, the Government will meet with the Contractor to request removal of the health care worker from service. Once the 40 hours of core clinical competency training is completed and the initial 40 hours of service at the primary care site is completed and satisfactory competency has been determined by the Government, the health care worker may rotate to a different "primary care site". The health care worker shall attend the required 8-hour site-specific orientation at the rotating clinical site. If the health care worker is permanently assigned to another "primary care site", the health care worker will not be required to complete additional competency determination except for the required site-specific orientation. Competency determination shall be at the expense of the Government. All other training is at the expense of the Contractor including orientation at other "primary care sites." The health care worker shall work 160 hours (after competency training) at their "primary care site" prior to the Government payment for the core clinical competency training.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care workers shall:

7.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to them during the performance of clinical procedures.

7.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

7.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

7.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

7.5. Participate in the implementation of the Family Advocacy Program as directed.

7.6. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

8. CLINICAL RESPONSIBILITIES.

8.1. Routine workload is scheduled by the treatment facility. Workload is related to the provision of medical care by staff health care providers through written or verbal orders. The health care worker shall have full responsibility for maintenance and delivery of comprehensive applicable MA services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

8.2. The health care worker shall perform a full range of MA services, on site, using Government furnished facilities, equipment and supplies. Clinical activity will be a function of the Commander's credentialing process and the overall demand for MA services. Productivity is expected to be comparable to that of other MAs assigned to the same facility and authorized the same scope of practice.

8.3. Specific Duties. The health care worker shall:

- 8.3.1. Prepare exam rooms prior to patient's arrival.
- 8.3.2. Obtain patient's medical record following appropriate procedures.
- 8.3.3. Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.
- 8.3.4. Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.
- 8.3.5. Assist the provider as needed during exams.
- 8.3.6. Perform diagnostic procedures when ordered, to include EKG's, urine dip sticks, etc.
- 8.3.7. Transport patients to other clinical areas as needed.
- 8.3.8. Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.
- 8.3.9. RESERVED.
- 8.3.10. Obtain lab and x-ray results.
- 8.3.11. Notify patients regarding abnormal lab work as directed.
- 8.3.12. Maintain exam room stock levels.
- 8.3.13. Perform routine maintenance of exam rooms, to include dusting, cleaning washbasins, etc.
- 8.3.14. Participate in inventory procedures as directed.
- 8.3.15. Complete lab and x-ray requisitions in accordance with clinic policies. Additionally, complete paperwork requirements in conjunction with assigned duties.
- 8.3.16. Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.
- 8.3.17. Answer telephone and transcribe accurate messages.
- 8.3.18. Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.
- 8.3.19. Assist with patient flow and give direct patient care as directed.
- 8.3.20. Operate the following medical equipment:
 - Automatic Blood Pressure Monitor
 - Hand Held Nebulizer
 - EKG Machine (12 lead)
 - Electronic Thermometer
 - IV infusion pump (Set-up only)
 - Typanometer
- 8.3.21. Organize, file and retrieve medical records according to clinic guidelines.

8.3.22. Make patient appointments by phone and with the use of CHCS or other method as prescribed by the Commander.

8.4. Additional Duties for Medical Assistants with health benefits advising responsibilities. The health care worker shall:

8.4.1. Advise and assist Military Health System (MHS) beneficiaries concerning the MHS benefits program.

8.4.2. Provide information and guidance to patients seeking or obtaining services from military medical treatment facilities, TRICARE Service Centers, civilian health care facilities, Veterans Affairs facilities, TRICARE, MEDICARE, MEDICAID, and other government health care programs.

8.4.3. Maintain a depository of up-to-date information as received from the DoD referral hospital on the availability of outpatient appointments within each specialty clinic for all categories of beneficiaries.

8.4.4. Coordinate all referrals to the TRICARE Support Centers when DoD referral hospitals are not able to provide the care and the care is beyond the capability of the TRICARE Outpatient Clinic (TOC).

8.4.5. Serve as a liaison between the patients and components of the MHS.

9. MINIMUM PERSONNEL QUALIFICATIONS. Medical Assistants performing services under this Task Order shall:

9.1. Have either (a), successfully completed a Medical Assistant Training Course within the preceding 12 months, or (b), have at least 12 months experience as a Medical Assistant within the preceding 36 months, or (c), possess a current unrestricted license to practice as an LPN in any one of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and have at least 12 months experience as an LPN/LVN within the preceding 36 months, or (d), possess certification as a military medical technician/hospital corpsman/medic and have at least 12 months experience within the preceding 36 months.

9.2. Have at least 12 months clinical experience in either an outpatient acute care (hospital based) or ambulatory care setting within the preceding 36 months. This experience may have been obtained concurrently with any experience obtained in 9.1.

9.3. Provide two letters of recommendation from practicing physicians or supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, date of reference, phone number, address and signature of the individual providing reference. Letters of recommendation must have been written within the preceding 3 years.

9.4. All HCWs must successfully pass all NMCP mandatory competencies with a score of 84 percent or as directed by the Government. (Learning Resource Guides (LRG), neonatal, pediatric, adolescent, geriatrics and pain assessment).

Attachment 016

MEDICAL ASSISTANT

NICU, Transitional/Observational Nursery, 4K, 4L, and the Pediatric Ward

1. LABOR CATEGORY. The contractor shall provide Medical Assistant services.
2. PLACE OF PERFORMANCE. The health care worker shall provide services for the NICU, Transitional/Observational Nursery, 4K, 4L, and the Pediatric Ward, Naval Medical Center Portsmouth, Virginia.
3. DUTY HOURS.
 - 3.1. The contractor shall provide health care workers in the assigned clinical areas. The health care worker shall normally provide 8.5 hours (to include an uncompensated .5 hour meal break), throughout the term of the task order. Services shall be provided from 1430-2300, 7 days per week, 365 days per year. The time allotted for a meal break shall not be taken at the completion of the duty hours.
 - 3.2. No more than four health care workers shall be permitted to provide services under this task order. At the discretion of the Commander, this restriction may be waived on a case-by-case-basis.
4. ABSENCES AND LEAVE. This position does not accrue leave and is subject to replacement coverage during all planned and unplanned absences.
5. CREDENTIALLING. See Section C.7. of the basic contract.
6. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.
7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care workers shall:
 - 7.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to them during the performance of clinical procedures.
 - 7.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.
 - 7.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.
 - 7.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.
 - 7.5. Participate in the implementation of the Family Advocacy Program as directed.
 - 7.6. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.
8. CLINICAL RESPONSIBILITIES. Routine workload is scheduled by the treatment facility. Workload is related to the provision of medical care by staff health care providers through written or verbal orders. The health care worker shall have full responsibility for maintenance and delivery of comprehensive applicable MA services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

8.1. The health care worker shall perform a full range of MA services, on site, using Government furnished facilities, equipment and supplies. Clinical activity will be a function of the Commander's credentialing process and the overall demand for MA services. Productivity is expected to be comparable to that of other MAs assigned to the same facility and authorized the same scope of practice.

8.2. Specific Duties. The health care worker shall:

8.2.1. Select and prepare infants for screening based upon program policies.

8.2.2. Perform routine infant hearing screenings, including but not limited to prepping, placement of sensors and earphones. Operate a screening device according to instructions received in the screening training program.

8.2.3. Follow strict guidelines for patient identification and result labeling.

8.2.4. Maintain records and logs as required; enter information into computer(s) and/or patient's chart; maintain confidentiality of patient information. Make a weekly report to the Virginia Department of Health regarding all infants with a "refer" result via the prescribed reporting system.

8.2.5. Enter procedures performed into billing system.

8.2.6. Check instrumentation for malfunctions and reports problems to the appropriate personnel. Report supply needs to appropriate personnel. Maintain equipment in a ready state.

8.2.7. Interact appropriately with infants; handles problems concerning the infant, including but not limited to, availability and physical conditions.

8.2.8. Follow departmental and hospital procedures and protocols including infection control, safety awareness, and Quality Assurance.

8.2.9. Perform related responsibilities as required and directed.

8.2.10. Assist the provider as needed during exams.

8.2.11. Transport patients to other clinical areas as needed.

8.2.12. Enter demographic data into the computer

8.2.13. Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.

8.2.14. Assist with patient flow and give direct patient care as directed.

9. MINIMUM PERSONNEL QUALIFICATIONS. Medical Assistants performing services under this Task Order shall:

9.1. Have either (a), successfully completed a Medical Assistant Training Course within the preceding 12 months, or (b), have at least 12 months experience as a Medical Assistant within the preceding 36 months, or (c), possess a current unrestricted license to practice as an LPN/LVN in any one of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and have at least 12 months experience as an LPN/LVN within the preceding 36 months, or (d), possess certification as a military medical technician/hospital corpsman/medic and have at least 12 months experience within the preceding 36 months.

9.2. Possess a minimum of one year experience within the preceding 3 years.

9.3. Have experience in appropriately handling infants.

9.4. Have basic computer knowledge, must be able to enter patient information/results into the computer and Internet data reporting system.

9.5. Have experience in communicating with nurses, corpsmen, physicians, patients, and family members with the purpose of coordinating activities, explaining basic test procedures and securing cooperation on a frequent basis.

9.6. Provide two letters of recommendation. At least one of the letters must be from an immediate supervisor attesting to your clinical skills. The other letter may be from physicians or medical supervisors. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 3 years.

Attachment 017

REGISTERED NURSE
Health Educator

1. LABOR CATEGORY. The contractor shall provide Health Educator services.

2. PLACE OF PERFORMANCE. The health care worker shall provide comprehensive Health Educator services for the Naval Medical Center Portsmouth, Virginia. Additionally, the health care workers may be required to provide services in the Branch Medical Clinics (BMCs) or any Naval Commands in the Tidewater area (ships, submarines, commissary, youth centers, etc). All BMCs and commands are located within a 45-mile radius of NMC Portsmouth.

3. DUTY HOURS.

3.1. The health care worker shall provide services for 40 hours per week. The health care worker shall normally work for 8.5 hours (to include an uncompensated .5 hours for lunch), between the hours of 0600 and 2000 on Monday through Friday throughout the term of the contract. At the mutual agreement of the health care worker and the Commander, alternative work schedules may be instituted.

3.2. Additionally, the health care worker may be required to provide services after your normal workday or on weekends for participation in health fairs or classes. Such events will be scheduled a minimum of 10 business days in advance. Hours providing services for such events shall be counted toward the 40-hour workweek. In no instance shall the health care worker be required to provide in excess of 40 hours of service per 7-day period.

3.3. The health care worker's services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The health care worker shall be compensated by the contractor for these periods of planned absence.

4. ABSENCES AND LEAVE.

4.1. Leave shall accrue to the individual health care worker.

4.2. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander. Six hours of annual leave are accrued by the health care worker at the end of every 80-hour period worked. However, annual leave accrual rates will be doubled for the first two pay periods of each task order (12 hours will be accrued for each of the first two 80 hour periods worked). No annual leave will accrue for the final two pay periods of a task order. Leave accrues only to the individual providing services. The health care worker shall be compensated by the contractor for these periods of authorized planned absence.

4.3. Unplanned absences due to illness or other incapacitation of the health care worker will be allowed up to a maximum of 6.5 days per contract year. Two hours of sick leave are accrued by the health care worker at the end of every 80-hour period worked. However, sick leave accrual rates will be double for the first two pay periods of each task order (4 hours will be accrued for each of the first two 80 hour periods worked). No sick leave will accrue for the final two pay periods of a task order. The health care worker shall follow the policy of the Commander regarding request and the use of sick leave. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commander to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine and/or re-examine any health care worker who meets this criterion. The health care worker shall be compensated by the contractor for these periods of authorized absence.

4.4. Any and all sick and annual leave accrued by the health care worker will be forfeited at the expiration of his or her period of performance. If the contract is terminated for default, there will be no reimbursement for any accrued

leave balance. In the event that the health care worker gives notice of employment termination, all accrued annual leave must be used within that notice period, or forfeited. Sick leave taken during this period shall be supported by a physician's statement of illness upon request.

4.5. Only the Commander has the authority to grant leave to the health care worker which has not been accrued, in accordance with the medical treatment facility's (NMCP) policies and standards.

4.6. Authorization for planned absences may be granted by the Commander to the contractor for a health care worker to attend continuing education courses and for performance of active duty responsibilities. This is in addition to absences specified in paragraphs 4.2. and 4.3. above. The health care worker shall be compensated by the contractor for these periods of authorized planned absence. The Government will not reimburse the health care worker for the cost of any course tuition and/or other related education expense. The contractor will provide proof of attendance of continuing education to the Commander upon request.

4.7. Health care workers may be designated as critical or "Bravo" personnel. "Bravo" personnel shall report to their assigned work shift under snow emergency/winter storm conditions. Failure to report for duty will be recorded as Absent Without Leave and payment will not be made for the affected time period. If a delayed opening schedule is in effect, and the health care worker reports in accordance with that authorized delay, normal payment will be made for that shift.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care worker shall perform a full range of Health Educator duties, within the scope of this statement of work, on site using government-furnished supplies and facilities. Workload occurs as a result of scheduled and unscheduled requirements for care. The health care worker's primary duty shall be to develop and maintain a comprehensive health education program.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care worker shall:

7.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, students, etc.) assigned to the health care worker during the performance of duties. The health care worker shall perform limited administrative duties which include maintaining statistical records of the health care worker's workload, participating in education programs, and participating in clinical staff quality assurance functions and process action teams, as prescribed by the Commander. The health care worker shall participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the health care worker shall be required to read and initial the minutes of the meeting.

7.2. Participate in the provision of monthly inservice training to non-Healthcare-practitioner members of the clinical and administrative staff on subjects germane to nursing care and attend annual renewal of the following Annual Training Requirements provided by the NMCP: family advocacy, safety training, disaster training, infection control, Sexual Harassment and Bloodborne Pathogens.

7.3. Actively participate in the Put Prevention into Practice (PPIP) initiative and Organizational Performance Improvement Plan.

7.4. Help maintain good interdepartmental relations through positive communication and work coordination.

8. CLINICAL RESPONSIBILITIES. The health care worker's actual clinical performance will be a function of the overall demand for Health Education services. The health care worker's productivity is expected to be comparable with that of other individuals performing similar services. The health care worker shall perform the following duties:

8.1. Assess the preventive care status of enrollees at Naval Medical Center Portsmouth through HEAR data (Health Enrollment Assessment Review), utilization data, and medical record audit.

- 8.2. Collaborate with managed care directorate for data analysis and program planning.
- 8.3. Develop programs to attain outcomes consistent with DOD and Healthy People 2000 standards, following Clinical Preventive Service Guidelines.
- 8.4. Participate in command Put Prevention Into Practice Implementation Committee; serve as a subject matter expert in Preventive Care.
- 8.5. Develop population-based programs targeting high-risk groups and individuals, implementing programs through group and individual counseling and education.
- 8.6. Develop and implement wellness visit protocol consistent with command Put Prevention into Practice Program.
- 8.7. Provide input into planning and purchasing resources needed to build and maintain a current local health resource center and directory.
- 8.8. Maintain current knowledge of literature concerning treatment, prevention and other information related to preventive health.
- 8.9. Plan and implement health education programs on a monthly basis and as requested.
- 8.10. Seek supervisory approval and guidance on policy issues and news releases on a daily basis.
- 8.11. Perform limited administrative duties, which include maintaining statistical records of workload and data entry and analysis of patient outcomes.
- 8.12. Plan and implement professional training to clinic staff members, medical providers, and other groups on a quarterly basis and as requested.
- 8.13. Prepare clinical and administrative documentation associated with the women's wellness program on a daily basis and as requested.
- 8.14. Collaborate with Health Promotion Coordinator and Public Affairs Officer to develop and implement a marketing and awareness plan for health issues.
- 8.15. Develop partnership with and participate in community wide health initiatives, which are consistent with DOD goals and impact beneficiaries of Naval Medical Center Portsmouth.
- 8.16. Participate in organization performance improvement plan.
9. MINIMUM PERSONNEL QUALIFICATIONS. Health Educators providing services under this Task Order shall:
 - 9.1. Have either (a), a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience or (c) an Associate Degree and at least four years experience.
 - 9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable licensing regulations. If you are licensed outside of the 50 states, you are required to provide proof of having successfully passed the National Council Licensure Examination (NCLEX).
 - 9.3. Have experience in community health education or health education of at least one-year within the preceding 3 years.

9.4. Provide two letters of recommendation from practicing physicians or program administrators attesting to your professional skills, competencies, customer rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 3 years.

Attachment 018

MEDICAL ASSISTANT
Emergent and Urgent Care

1. LABOR CATEGORY. The contractor shall provide Medical Assistant services.

2. PLACE OF PERFORMANCE. The health care worker shall provide services for the Naval Medical Center Portsmouth at the Emergent and Urgent Care (Emergency Department).

3. DUTY HOURS.

3.1. Hours of Operation:

Naval Medical Center, Portsmouth, Emergent and Urgent Care (Emergency Department)
Sunday through Saturday, including Group A Holidays = 1900 to 0700.
Group B Holidays = 1700 to 0700

3.1.1. The Government reserves the right to change duty hours with 30 days written notice to the contractor.

3.1.2. The contractor shall provide services in accordance with this contract. Duty hours are inclusive of an unpaid .5-hour meal break that shall be taken as directed by the ER nursing supervisor. The time allotted for a meal break shall not be taken at the completion of a scheduled shift.

3.2. SHIFT SCHEDULING.

3.2.1. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) six weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The Contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.

3.2.1.1. Each health care worker shall work a minimum of 8 hours every month in the ER.

3.2.2. No more than two individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

3.2.3. The Government's direction to increase staffing shall take effect 70 days after receiving written notification. Seventy days allows for 30 days for health care worker recruitment, 10 days for COR review of IPF/ICF, and 30 days for MTF review/approval of IPF/ICP. The Government's direction to decrease staffing shall take effect 30 days after the contractor receives written notification.

4. ABSENCES AND LEAVE. This Task Order is subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. RESERVED.

6. GENERAL DUTIES AND RESPONSIBILITIES.

6.1. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.

6.2. RESERVED

6.3. ORIENTATION/TRAINING

6.3.1. Each health care worker employed by the Contractor shall undergo training at the expense of the Contractor with the exception of the Core Clinical Competency that will be paid for by the Government per paragraph 6.3.2. The health care worker shall attend and complete all CHCS training prior to commencement of work and attend Command Orientation within 30 days following the commencement of their employment. Training will be held at either NMCP or the Branch Clinics. The COR may elect to waive some training for individuals who have previously worked at NMCP or the Branch Clinics. Topics and length of training may vary from initial training. Training shall not take place during regularly scheduled shift coverage.

NOTE: MA in ER and Clinical MA are TWO separate functions. Any MA approved to work as a clinical MA and who oriented in their primary clinic site shall also be required to complete the primary clinic MA in ER orientation. Any MA approved to work in the ER shall also be required to complete clinic orientation if the contractor wants to consider those staff members to be interchangeable, able to be scheduled and to be qualified to work both in the ER and in the clinics. In other words, two sets of orientation shall be required if the contractor wants to be able to schedule an MA to work in both settings.

Medical Assistant Training	Contractor Paid Hours	Government Paid Hours
CHCS MCP Clerk	16	
CHCS Medical Records Tracking (MRT)	3	
Work Space Familiarization ER	4	
CHCS ER Training	8	
Rotation Hours at Other than Primary Site	8	40 Core Clinical Competency
Command Orientation (Chain of Command, AIS System, HIV Prevention, Infection Control, Bloodborne Pathogens, TB Awareness, Safety Intro, Fire Safety, TRICARE Brief, Equal Opportunity and Prevention of Sexual Harassment Workshop and Customer Service)	16	
Total	55	40

6.3.2. The contractor shall assign each HCW to one "primary care site". The HCW shall complete core clinical competency training hours at the ER. Competency will be determined during the HCWs initial 40 hours of service in the ER, as determined by the Government. If, after core clinical competency training has been completed and the Government determines that the HCW lacks skills necessary to perform adequately, the Government will inform the Contractor to remove the HCW from service. All training is at the expense of the Contractor including orientation. The HCW shall work 160 hours (after competency training) in the ER prior to the Government payment for the core clinical competency training.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care workers shall:

7.1. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participate in education programs, participate in quality assurance functions, as prescribed by the Commander.

7.2. Communicates information related to patient care, identifies opportunities to improve systems, and recommends corrective action when problems exist.

7.3. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

7.4. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

8. CLINICAL RESPONSIBILITIES. ER workload is demand driven. The health care worker shall:

8.1. Have full responsibility for maintenance and delivery of comprehensive applicable MA services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

8.2. Perform services on site; using Government furnished facilities, equipment, and supplies. Productivity is expected to be comparable to that of other MAs assigned to the same facility and authorized the same scope of practice.

8.3. Perform the duties and have the responsibilities as follows:

8.3.1. Major duties/emphasize: Answers telephone and transcribe accurate messages. Receives fax memos from Contracted Answering Service, reviews, analyses, and submits to ER provider for disposition. Carries out provider's orders/instructions. Books patient appointments as directed.

8.3.2. Enters demographic data into the computer upon patient check-in, perform ER registration and check-out functions.

8.3.3. Ensures that any broken or unsafe equipment is removed in a timely manner and notify appropriate personnel.

8.3.4. Prepares exam rooms prior to patient's arrival.

8.3.5. Obtains patient's medical record following appropriate procedures.

8.3.6. Checks patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

8.3.7. Obtains and documents patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.

8.3.8. Assists the provider as needed during exams.

8.3.9. Performs diagnostic procedures when ordered, to include EKG's, urine dip sticks, etc.

8.3.10. Transports patients to other clinical areas as needed.

8.3.11. Checks each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.

8.3.12. Obtains lab and x-ray results.

8.3.13. Notifies patients regarding abnormal lab work as directed.

8.3.14. Maintains exam room stock levels.

8.3.15. Performs routine maintenance of exam rooms, to include dusting, cleaning washbasins, etc.

8.3.16. Participates in inventory procedures as directed.

8.3.17. Completes lab and x-ray requisitions in accordance with clinic policies. Additionally, completes paperwork requirements in conjunction with assigned duties.

8.3.18. Assists with patient flow and give direct patient care as directed.

8.3.19. Operates the following medical equipment:

- Automatic Blood Pressure Monitor
- EKG Machine (12 lead)
- Electronic Thermometer
- Tympanometer
- Computer

8.3.20. Organizes, files and retrieves medical records according to guidelines.

8.3.21. Makes patient appointments by phone and with the use of CHCS or other method as prescribed by the Commander.

8.4. Additional Duties for Medical Assistants with health benefits advising responsibilities. The health care worker shall:

8.4.1. Advise and assist Military Health System (MHS) beneficiaries concerning the MHS benefits program.

8.4.2. Provide information and guidance to patients seeking or obtaining services from military medical treatment facilities, TRICARE Service Centers, civilian health care facilities, Veterans Affairs facilities, TRICARE, MEDICARE, MEDICAID, and other government health care programs.

8.4.3. Maintain a depository of up-to-date information as received from the DoD referral hospital on the availability of outpatient appointments within each specialty clinic for all categories of beneficiaries.

8.4.4. Coordinate all referrals to the TRICARE Support Centers when DoD referral hospitals are not able to provide the care and the care is beyond the capability of the TRICARE Outpatient Clinic (TOC).

8.4.5. Serve as a liaison between the patients and components of the MHS.

9. MINIMUM PERSONNEL QUALIFICATIONS. Medical Assistants performing services under this Task Order shall:

9.1. Have either (a), successfully completed a Medical Assistant Training Course within the preceding 12 months, or (b), have at least 12 months experience as a Medical Assistant within the preceding 36 months.

9.2. Have at least 12 months clinical experience in either an outpatient acute care (hospital based) or ambulatory care setting within the preceding 36 months. This experience may have been obtained concurrently with any experience obtained in 9.1.

9.3. Provide two letters of recommendation from practicing physicians or supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, date of reference, phone number, address and signature of the individual providing reference. Letters of recommendation must have been written within the preceding 3 years.

9.4. All HCWs must successfully pass all MTF mandatory competencies with a score of 84 percent or as directed by the Government. (Learning Resource Guides (LRG), neonatal, pediatric, adolescent, geriatrics). Pain Assessment must be completed.

Attachment 019

REGISTERED NURSE
Emergent and Urgent Care

1. LABOR CATEGORY. The contractor shall provide Registered Nurses - Primary Care services.

2. PLACE OF PERFORMANCE. The health care worker shall provide services for the Naval Medical Center Portsmouth in the Emergent and Urgent Care (Emergency Department).

3. DUTY HOURS.

3.1. The contractor is required to provide health care workers at the Urgent Care Clinic Monday through Friday = 1700 to 0100, Group A & B holidays, Saturdays and Sundays = 0900 to 0100.

Note: Group A Holidays: Martin Luther King Jr's Birthday (third Monday in January), President's Day (third Monday in February), Columbus Day (second Monday in October) and Veteran's Day (eleventh day of November).

Group B Holidays: New Year's Day (first day in January), Memorial Day (last Monday in May), Independence Day (fourth day in July), Labor Day (first Monday in September), Thanksgiving Day (fourth Thursday in November), and Christmas Day (twenty-fifth day in December).

3.1.1. The Government reserves the right to change clinic required staffing hours with 30 days written notice to the contractor.

3.1.2. The contractor shall provide services in accordance with this contract. Duty hours are exclusive of a meal break which shall be taken during a period when there is sufficient coverage by other health care workers. The time allotted for a meal break shall not be taken at the completion of a scheduled shift. At the mutual agreement of the contractor and the Commander, alternative work schedules may be instituted.

3.2. SHIFT SCHEDULING.

3.2.1. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) four weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.

3.2.2. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The health care workers shall:

7.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to them during the performance of clinical procedures.

7.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

7.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

7.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

7.5. Participate in the implementation of the Family Advocacy Program as directed.

7.6. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

7.7. Comply with all NAVOSH and OSHA standards and all applicable rules, regulations and instructions.

7.8. Help maintain good inter-clinic relations through positive communication and work coordination.

8. CLINICAL RESPONSIBILITIES.

8.1. Routine workload is scheduled by the treatment facility. Workload is related to the provision of medical care by staff health care providers through written or verbal orders. The health care worker shall have full responsibility for maintenance and delivery of comprehensive applicable RN services within the personnel and equipment capabilities of the facility, and for the quality and timeliness of record preparation and reports indicated to document care and procedures provided.

8.2. The health care worker shall perform a full range of RN services, on site, using Government furnished facilities, equipment and supplies. Clinical activity will be a function of the Commander's credentialing process and the overall demand for RN services. Productivity is expected to be comparable to that of other RNs assigned to the same facility and authorized the same scope of practice.

8.3. STANDARD DUTIES. The health care worker shall perform the following duties:

8.3.1. Assist in defining patient population requiring professional nursing intervention and the establishment of guidelines to evaluate selected patients.

8.3.2. Work directly with selected patients and families to develop a plan of care to meet needs. Collaborate with other health care disciplines to provide total quality patient care.

8.3.3. Function as care coordinator to assure all aspects of patient care needs are met, to include assessment, intervention and follow-up.

8.3.4. Obtain and document patient and pertinent family history. Orient new patients and their families as required.

8.3.5. Receive patient assignments, formulate, document, and implement a nursing care plan for assigned patients and review and update them as required.

8.3.6. Check patient identification, physician's orders, and transfer information as applicable. Requisition and arrange for ordered diagnostic and therapeutic services as directed.

8.3.7. Treatment Duties. The health care worker shall:

8.3.7.1. Render professional nursing care to patients.

8.3.7.2. Administer immunizations, allergy treatments, oral parenteral and IV medications.

8.3.7.3. Direct work of LPNs, medical assistants and Hospital Corps personnel. Coordinate the clinic's operations in the absence of the/a Nurse Manager.

8.3.7.4. Administer specific medications at designated times and in designated manner. Receive, report and count narcotics with nurse going off duty. Maintain controlled drug records.

8.3.7.5. Observe patients and report pertinent data on condition and medication or treatments.

8.3.7.6. Prepare and administer IVs, and monitor their proper function.

8.3.7.7. Demonstrate proficiency according or operating manuals when using patient care electrical equipment.

8.3.7.8. Chart nursing observations and ensure record is complete with all procedures and test results recorded. Maintain required clinic records, patient charts, forms, logs, records, registers, census reports and collect required statistics.

8.3.7.9. Perform nursing techniques for the comfort and well being of patients.

8.3.7.10. Prepare equipment and assist physicians with treatment procedures.

8.3.7.11. Recognize emergencies and respond with appropriate protocol, e.g. resuscitation, oxygen, emergency drugs, cardiac massage, application of medical equipment and other, as established by the medical staff.

8.3.7.12. Explain procedures and treatments to patients and significant others to allay apprehension and gain cooperation and support.

8.3.8. Additional Duties. The health care worker shall:

8.3.8.1. Assist in planning, supervising and instructing LPNs/LVNs, nursing assistants and ancillary personnel and ensure proper and complete discharge of physician's orders on patient care and treatment.

8.3.8.2. Requisition unit supplies, equipment linens medications drugs, etc. as directed. Maintain emergency supply cart and ensure that equipment is clean and in good working order prior to use. Report discrepancies to the head of nursing or supervisor.

8.3.8.3. Participate in the evaluation, inspection and maintenance of all emergency equipment and supplies in assigned clinical areas.

8.3.8.4. Participate in the evaluation and training of sufficient staffing requirements based on patient volume and acuity.

8.3.8.5. Participate in organization performance improvement program.

9. MINIMUM PERSONNEL QUALIFICATIONS. Registered Nurses performing services under this Task Order shall:

9.1. Have either (a), a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable licensing regulations. If you are licensed outside of the 50 states, you are required to provide proof of having successfully passed the National Council Licensure Examination (NCLEX).

9.3. Have one year of experience as a RN within the preceding 36 months. This experience may have been obtained concurrently with any experience required in 9.1., above.

9.4. Successfully complete the NMCP medication administration test, and successfully complete the NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the Government deems that the health care worker can evidence successful completion of a similar and comparable pharmacology test.

9.5. Successfully complete the NMCP IV placement test.

9.6. Successfully complete Advanced Cardiac Life Support certification.

9.7. Provide three letters of recommendation. At least one of the letters must be from a practicing physician or nursing supervisor attesting to your clinical skills. The other letters may be from other physicians, medical supervisors or nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 3 years.

Attachment 020

LICENSED PRACTICAL NURSE
Emergent and Urgent Care

1. LABOR CATEGORY. The contractor shall provide Licensed Practical Nurse services.

2. PLACE OF PERFORMANCE. The health care worker shall provide services in the Emergent and Urgent Care to patients referred from the Emergency Department or clinics at the Naval Medical Center, Portsmouth, VA.

3. DUTY HOURS. The Urgent Care Center operates 365 days per year.

3.1. Health care workers shall be on duty in the assigned clinical areas for up to 80 hours per two-week period. The health care workers shall normally provide 8 hours (to include an uncompensated .5 hour meal break) between the hours of 1700 and 0100 Monday through Friday and 0900-0100 hours Group A&B Holidays, Saturday and Sunday.

Note: Group A Holidays: Martin Luther King Jr's Birthday (third Monday in January), President's Day (third Monday in February), Columbus Day (second Monday in October) and Veteran's Day (eleventh day of November).

Group B Holidays: New Year's Day (first day in January), Memorial Day (last Monday in May), Independence Day (fourth day in July), Labor Day (first Monday in September), Thanksgiving Day (fourth Thursday in November), and Christmas Day (twenty-fifth day in December).

3.2. In addition, health care workers shall be on duty in the assigned clinical areas for up to 80 hours per two-week period. The health care workers shall normally provide 8.5 hours (to include an uncompensated .5 hour meal break) Monday through Sunday between the hours of 0800 and 1630, and 1530 and 2400.

3.3. Duty hours are exclusive of a meal break which shall be taken during a period when there is sufficient coverage by other health care workers. The time allotted for a meal break shall not be taken at the completion of a scheduled shift. At the mutual agreement of the contractor and the Commander, alternative work schedules may be instituted.

3.4. The Government reserves the right to change clinic required staffing hours with 30 days written notice to the contractor.

3.5. SHIFT SCHEDULING.

3.5.1. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) four weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.

3.5.2. No more than two individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

3.5.3. All health care workers shall work a minimum of two shifts each pay period.

3.6. ORIENTATION/TRAINING. Prior to commencement of services, each HCW shall participate in Command Orientation, Nursing Orientation, Triage Course and Department Orientation at NMCP. Orientation/training is approximately 2-3 weeks in duration and shall be scheduled in advanced at the mutual agreement between the HCW and the Government.

4. ABSENCES AND LEAVE. No leave shall accumulate under this task order and is subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements. The health care workers shall perform a full range of LPN services, within the scope of this statement of work, on site, using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care.

7. ADMINISTRATIVE/TRAINING DUTIES AND REQUIREMENTS. The health care workers shall:

7.1. Provide training and/or direction as applicable to supporting government employees (i.e. hospital corpsmen, RNs, ~~L~~V~~P~~Ns, students) assigned to them during the performance of clinical procedures. |

7.2. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

7.3. Participate in the implementation of the Family Advocacy Program as directed.

7.4. Perform necessary administrative duties which include maintaining statistical records of clinical workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participate in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

7.5. Participate in the provision of in-service training to staff members of the clinic and administrative staff on subjects germane to medical care and attend command approved Annual Training Requirements provided by NMCP: family advocacy, disaster training, infection control, sexual harassment and bloodborne pathogens.

7.6. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the health care worker shall be required to read and initial the minutes of the meeting.

7.7. Attend Boards and Committees and participate in Continuing Education.

7.8. Maintain patient records in accordance with NMCP requirements.

7.9. Collect and record all examination data in proper format for review, approval and/or recommendation by physician.

7.10. Become thoroughly familiar with and apply procedures documented in the NMCP's Standard Operating Procedures (SOP).

7.11. Comply with all NAVOSH and OSHA standards and all applicable rules, regulations and instructions.

8. CLINICAL RESPONSIBILITIES. Routine workload is scheduled by the treatment facility and also as a result of emergency patients triaged in the ER. Patients with conditions deemed beyond the capabilities of the CHUCC shall be sent back to the ER. The contractor is responsible for a full range of LPN duties, delivery of treatment within the personnel and equipment capabilities of the treatment facility, provision of mandated medical surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. The health care worker shall refer patients to staff specialists for consultation opinions and continuation of care and shall see the patients of other government staff health care providers who have been referred for consultation and treatment.

8.1. The scope of practice is based on a team approach. As an interdependent member of this health team, the health care worker shall provide important components of primary health care through direct nursing care, consultation, collaboration, and referral. Preventive health care, patient teaching and health advocacy are key components of practice. The health care worker shall:

8.1.1. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

8.1.2. Obtain and document patient and pertinent family history.

8.1.3. Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

8.1.4. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

8.1.5. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

8.1.6. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.

8.1.7. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

8.1.8. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the registered nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

8.1.9. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

8.1.10. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

8.1.11. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

8.1.12. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

8.1.13. Administer immunizations in a safe and accurate manner with strict adherence to all applicable Immunization policies.

8.1.14. Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.

8.1.15. Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.

8.1.16. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

8.1.17. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions that were previously provided to the patient by a nurse, physician extender or physician.

8.1.18. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

8.1.19. Provide emotional support to patients and families.

8.1.20. Ensure necessary supplies are available and equipment is in functioning order.

8.1.21. Act as Patient Services Representative, as directed, helping to ensure good communication between patient and staff to “trouble shoot” problem areas.

8.1.22. Provide an orderly, clean and safe environment for patients and staff.

8.1.23. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

8.1.24. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform supervisor of discrepancies.

8.1.25. Check medication and drug stock to ensure adequate supply and reorder if necessary.

8.1.26. Check IVs to ensure they are on schedule, running at correct rate of speed and regulate if necessary.

8.1.27. Administer treatments, irrigations, enemas, catheters and suction; change dressings, apply compresses, and ambulate patients to other areas as required.

8.1.28. Assist with charting of nursing observations, treatments and procedures and transcribe orders when requested. Record food and fluid intake and output.

8.1.29. Assist patients in admission, transfer, and discharge procedures.

8.1.30. Assist in emergency procedures such as CPR.

8.1.31. Complete NMCP medication administration test, and successfully complete NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the health care worker can evidence successful completion of a similar and comparable pharmacology test.

8.1.32. Complete NMCP provided in-services in IV placement, blood and blood administration prior to assignment to these tasks.

9. MINIMUM PERSONNEL QUALIFICATIONS. Licensed Practical Nurses performing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Possess a current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. Additionally, if you are licensed outside of the 50 States you must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX).

9.3. Have at least 12 months clinical experience as an LPN/LVN in either an acute care (hospital based) or ambulatory care setting within the preceding 36 months.

9.4. Successfully complete the NMCP medication administration test, and successfully complete the NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the Government deems that the health care worker can evidence successful completion of a similar and comparable pharmacology test.

9.5. Successfully complete the NMCP IV placement test.

9.6. Provide three letters of recommendation. At least one of the letters must be from a practicing physician or nursing supervisor attesting to your clinical skills. The other letters may be from other physicians, medical supervisors or nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 3 years.

Attachment 021**REGISTERED NURSE CASE MANAGER**

1. **LABOR CATEGORY.** The contractor shall provide services of a Registered Nurse - Case Manager Program Manager.

INTRODUCTION SCOPE AND EFFECT:

The Case Management Program (CMP) team consists of a certified nurse case manager and a certified social worker case manager. The team is responsible for coordinating a multi-disciplinary, collaborative approach to managing the health care needs of selected medically high risk and/or socially fragile patients in the hospital, home, ambulatory care setting or extended care facility. Interfacing with the multi-disciplinary health care team, the Case Management (CM) team coordinates preventive, therapeutic, rehabilitative and psychosocial interventions to ensure continuity of patient care and enhance optimal wellness. Case management requires participation in the evaluation of patient outcomes assuring that the most cost effective use of resources are provided within the acceptable timeframe while focusing on patient/family and provider satisfaction and quality of care.

2. **PLACE OF PERFORMANCE.** The nurse case manager shall provide service in the Healthcare Excellence Department located in the Naval Medical Center, Portsmouth, VA.

3. DUTY HOURS

3.1. The nurse case manager shall normally provide services for 80 hours per two-week period. Services shall be required for an 8.5 or 9 hour period (to include an uncompensated .5 hour or 1 hour for lunch, depending on shift length) as scheduled, usually between the hours of 0630 and 1630, Monday through Friday. At the mutual agreement of the nurse case manager and the government, alternative schedules may be implemented, such as a compressed work schedule. Generally, the nurse case manager shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be scheduled one month in advance by the Healthcare Excellence Department. Any changes in the schedule shall be coordinated between the nurse case manager and the Government. The nurse case manager shall arrive for each scheduled shift in a well-rested condition.

3.2. Services shall not be required on the following federally established holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. The contractor shall compensate the nurse case manager for these periods of authorized planned absence.

4. **ABSENCES AND LEAVE.** The health care worker shall accrue leave as an individual.

4.1. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander. Six hours of annual leave are accrued by the health care worker at the end of every 80-hour period worked. However, annual leave accrual rates will be doubled for the first two pay periods of each task order (12 hours will be accrued for each of the first two 80 hour periods worked. No annual leave will accrue for the final two pay periods of a task order. Leave accrues only to the individual providing services. The health care worker shall be compensated by the contractor for these periods of authorized planned absence.

4.2. Unplanned absences due to illness or other incapacitation of the health care worker will be allowed up to a maximum of 6.5 days per contract year. Two hours of sick leave are accrued by the health care worker at the end of every 80-hour period worked. However, sick leave accrual rates will be doubled for the first two pay periods of each task order (4 hours will be accrued for each of the first two 80 hours period worked). No sick leave will accrue for the final two pay periods of a task order. Leave accrues only to the individual providing services. The health care worker shall follow the policy of the Commander regarding request and the use of sick leave. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commander to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine

and/or re-examine any health care worker who meets this criterion. The health care worker shall be compensated by the contractor for these periods of authorized absence.

4.3. Any and all sick and annual leave accrued by the health care worker will be forfeited at the expiration of his or her period of performance. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued annual leave must be used within that notice period, or forfeited. Sick leave taken during this period shall be supported by a physician's statement of illness upon request.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES: Case management services provided under this contract comply with the standards of practice of the Case Management Society of America (CMSA), the American Accreditation Healthcare Commission/Utilization Review Accreditation Commission (URAC), and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards and other provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- Licensure and/or regulation of healthcare personnel in treatment facilities, and
- The regulations and standards of professional practice of the treatment facility, and
- The bylaws of the treatment facility's professional staff.

6.1. CASE MANAGEMENT PROGRAM (CMP) IMPLEMENTATION AND OVERSIGHT RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- 6.1.1. Ensure that each phase of the CMP is grounded to establish CM standards of practice.
- 6.1.2. Serve as a consultant to all disciplines regarding CM and related issues.
- 6.1.3. Fully support military contingency requirements.
- 6.1.4. Develop a local catchment area assessment to determine CM staffing requirements and identify opportunities for CM.
- 6.1.5. Identify and integrate local CM processes.
- 6.1.6. Develop an interface with the Lead Agent and the Managed Care Support Contractor.
- 6.1.7. Develop local strategies using inpatient, outpatient, onsite and telephonic CM.
- 6.1.8. Develop and implement policies and protocols for home health assessments.
- 6.1.9. Develop outcome measures.
- 6.1.10. Assist with the CHCS CM interface or other database designed to support CM.
- 6.1.11. Prepare routine reports and conduct analyses.
- 6.1.12. Integrate CM and utilization management (UM).
- 6.1.13. Integrate nursing case management with social work case management.
- 6.1.14. Develop a database and knowledge of local community resources.

- 6.1.15. Assist with medically-complex cases.
- 6.1.16. Develop policy for and assist with region to region transfers.
- 6.1.17. Facilitate screening and assist with transfers of Exceptional Family Member Program (EFMP) families.
- 6.1.18. Participate in video teleconferences (VTCs) and other meetings as required.
- 6.1.19. Implement applicable CMSA, JCAHO & URAC Standards.
- 6.1.20. Oversee MTF CM resources and make recommendations to the Command as to how those resources can best be utilized.
- 6.1.21. Maintain patient records in an orderly, secure fashion.

7. ADMINISTRATIVE AND TRAINING REQUIREMENTS - The nurse case manager shall:

- 7.1. Assist in the design and implementation of activities to increase hospital staff involvement in and support of CM initiatives by providing orientation and ongoing education/in-service training specific to CM and the CMP;
- 7.2. Develop mechanisms to identify patients/clients for case management and provide patient referrals in accordance with MTF policies and protocols.
- 7.3. Develop and oversee a case management quality improvement program to review and identify opportunities to improve treatment provided, and recommend corrective action when problems exist.
- 7.4. Actively participate in the Command's Performance Improvement Plan.
- 7.5. Attend the following required annual training: family advocacy, disaster response, sexual harassment and other courses as directed.
- 7.6. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
- 7.7. Successfully complete MTF medication administration test, and successfully complete the MTF Medication PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that the nurse case manager can provide evidence of successful completion of a similar and comparable pharmacology test.
- 7.8. Successfully complete the MTF provided inservices in IV placement and blood and blood administration, prior to assignment to these tasks.

8. CLINICAL RESPONSIBILITIES - Services shall be provided onsite using Government-provided facilities, equipment and supplies. The nurse case manager shall:

- 8.1. Assist in coordinating a multidisciplinary team to meet the health care needs, including medical and/or psychosocial management of specified patients.
- 8.2. Provide nursing expertise about the CM process, including assessment, planning, implementation, coordination and monitoring.
- 8.3. As directed, develop and implement tools to support case management, such as those used for patient identification, and patient assessment, clinical practice guidelines, algorithms, CM software, databases for community resources, etc.

8.4. Establish mechanisms to ensure proper implementation of patient treatment plan and follow-up post discharge in ambulatory and community health care settings.

8.5. Provide nursing advice and consultation in person and via telephone to patients/family members/significant others.

8.6. Collaborate with the multidisciplinary team members to set patient-specific goals. Develop treatment plans including preventive, therapeutic, rehabilitative, psychosocial, and clinical interventions to ensure continuity of care toward the goal of optimal wellness.

8.7. Develop mechanisms to evaluate the patient, family and provider satisfaction and use of resources and services in a quality-conscious, cost-effective manner.

8.8. Assist in establishing cost containment/cost avoidance strategies for case management and develop mechanisms to measure its cost effectiveness.

8.9. Assist in establishing and maintaining liaison with appropriate community agencies and organizations.

8.10. Facilitate multidisciplinary discharge planning and other professional staff meetings as indicated for complex patient cases.

8.11. Alert physicians to significant changes or abnormalities in patients and provide information concerning their relevant condition, medical history and specialized treatment plan or protocol.

8.12. Plan for professional growth and development as related to case manager position and maintenance of CM certification. Actively participate in professional organizations including participation in at least one annual national CM conference to be funded by the Government.

8.13. Ensure appropriate health care instruction to patient and/or caregivers based on identified learning needs.

8.14. Implement strategies to ensure smooth transition and continued health care treatment for patients when the military member transfers out of the area.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs performing services under this Task Order shall:

9.1. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the CGFMS (Commissioner of Graduates of Foreign Nursing Schools Exams or National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.2. Possess the necessary knowledge, skills and computer literacy to interpret and apply medical care criteria, such as InterQual.

9.3. Possess current certification of one or more of the following:

CCM - Certified Case Manager

CDMS - Certified Disability Management Specialist

CIRS - Certified Insurance Rehabilitation Specialist

CRC - Certified Rehabilitation Counselor (American Nurses Credentialing Center, Washington, DC) ANA Certification

RNCM - Nurse Case Manager (Association for Rehabilitation Nurses, Chicago, Illinois)

CRRN - Certified Registered Rehabilitation Nurse (Association of Geriatric Care Managers, Tucson, AZ)

GCM - Geriatric Care Manager (American Board of Occupational Health Nurses)
COHN - Certified Occupational Health Nurse (National Board of Continuity of Care, CT)
ACCC - Advanced Competency Certification in Continuity of Care

OR

Possess a minimum of 24 months of case management experience within the preceding 36 months. The HCW shall obtain any of the above certifications within 24 months of contract start.

OR

Possess a Masters degree in Nurse Case Management. The HCW shall obtain any of the above certifications

9.5. Provide two letters of recommendation from practicing providers, supervisors or program administrators attesting to your professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding two years.

Attachment 024**COMPUTER SKILLS COMPETENCY**

HCW's name: _____

Position: _____

Company: _____

DATE

INITIAL

Basic Knowledge _____

Use of Mouse _____

Ability to move about in a windows based program _____

Ability to navigate on the desktop _____

Ability to draft and print a short memo _____

Locate files _____

Open and Close files _____

Ability to open and reply to email _____

Ability to Name and retrieve files _____

Specific Knowledge _____

Ability to bring system up & shut down _____

Enter /change password _____

COMPANY REPRESENTATIVE:**The above named health care worker has been personally tested by me and I certify that he/she is competent in all the areas listed above.**_____
Printed Name_____
Signature_____
Date

Attachment 025

WAGE DETERMINATION NO: 94-2543 REV (29) AREA: VA, NORFOLK

WAGE DETERMINATION NO: 94-2543 REV (29) AREA: VA, NORFOLK

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

WASHINGTON D.C. 20210

Wage Determination No.: **1994-2543**

William W.Gross

Division of

Revision No.: 29

Director

Wage Determinations|

Date Of Last Revision: 05/29/2002

States: North Carolina, Virginia

Area: North Carolina Counties of Camden, Chowan, Currituck, Gates, Pasquotank,
 Perquimans Virginia Counties of Chesapeake, Gloucester, Hampton, Isle of
 Wight, James City, Mathews, Newport News, Norfolk, Poquoson, Portsmouth,
 Southampton, Suffolk, Surry, Virginia Beach, Williamsburg, York

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION TITLE

MINIMUM WAGE RATE

Administrative Support and Clerical Occupations

Accounting Clerk I	8.38
Accounting Clerk II	10.58
Accounting Clerk III	13.17
Accounting Clerk IV	14.28
Court Reporter	12.87
Dispatcher, Motor Vehicle	12.63
Document Preparation Clerk	10.68
Duplicating Machine Operator	9.93
Film/Tape Librarian	9.60
General Clerk I	7.91
General Clerk II	9.73
General Clerk III	12.10
General Clerk IV	13.53
Housing Referral Assistant	14.93
Key Entry Operator I	9.13
Key Entry Operator II	11.49
Messenger (Courier)	7.89
Order Clerk I	11.13
Order Clerk II	14.56
Personnel Assistant (Employment) I	11.16
Personnel Assistant (Employment) II	12.90
Personnel Assistant (Employment) III	13.63
Personnel Assistant (Employment) IV	15.61
Production Control Clerk	16.40
Rental Clerk	11.35
Scheduler, Maintenance	12.36
Secretary I	12.36
Secretary II	14.39
Secretary III	16.42
Secretary IV	19.25
Secretary V	20.21
Service Order Dispatcher	12.14
Stenographer I	10.45
Stenographer II	12.90
Supply Technician	17.31
Survey Worker (Interviewer)	12.02
Switchboard Operator-Receptionist	9.20

Test Examiner	13.08
Test Proctor	13.08
Travel Clerk I	9.92
Travel Clerk II	10.59
Travel Clerk III	11.30
Word Processor I	10.70
Word Processor II	12.90
Word Processor III	13.50
Automatic Data Processing Occupations	
Computer Data Librarian	8.55
Computer Operator I	10.48
Computer Operator II	12.11
Computer Operator III	15.00
Computer Operator IV	17.38
Computer Operator V	18.47
Computer Programmer I (1)	19.24
Computer Programmer II (1)	21.77
Computer Programmer III (1)	25.96
Computer Programmer IV (1)	27.62
Computer Systems Analyst I (1)	25.31
Computer Systems Analyst II (1)	27.62
Computer Systems Analyst III (1)	27.62
Peripheral Equipment Operator	11.06
Automotive Service Occupations	
Automotive Body Repairer, Fiberglass	18.20
Automotive Glass Installer	16.60
Automotive Worker	16.60
Electrician, Automotive	17.38
Mobile Equipment Servicer	15.00
Motor Equipment Metal Mechanic	18.20
Motor Equipment Metal Worker	16.60
Motor Vehicle Mechanic	18.20
Motor Vehicle Mechanic Helper	14.15
Motor Vehicle Upholstery Worker	15.78
Motor Vehicle Wrecker	16.60
Painter, Automotive	17.38
Radiator Repair Specialist	15.78
Tire Repairer	13.37
Transmission Repair Specialist	18.20
Food Preparation and Service Occupations	
Baker	8.98
Cook I	8.39
Cook II	9.28
Dishwasher	7.42
Food Service Worker	7.92
Meat Cutter	11.54
Waiter/Waitress	7.56
Furniture Maintenance and Repair Occupations	
Electrostatic Spray Painter	20.27
Furniture Handler	13.34
Furniture Refinisher	16.03
Furniture Refinisher Helper	13.05
Furniture Repairer, Minor	14.56
Upholsterer	16.03
General Services and Support Occupations	
Cleaner, Vehicles	8.29
Elevator Operator	7.60
Gardener	10.19
House Keeping Aid I	7.14
House Keeping Aid II	9.15
Janitor	8.74
Laborer, Grounds Maintenance	9.52

Maid or Houseman	7.11
Pest Controller	9.61
Refuse Collector	9.11
Tractor Operator	9.71
Window Cleaner	9.50
Health Occupations	
Dental Assistant	11.11
Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	12.63
Licensed Practical Nurse I	10.44
Licensed Practical Nurse II	11.71
Licensed Practical Nurse III	13.10
Medical Assistant	9.79
Medical Laboratory Technician	11.39
Medical Record Clerk	10.90
Medical Record Technician	13.15
Nursing Assistant I	7.67
Nursing Assistant II	8.63
Nursing Assistant III	9.42
Nursing Assistant IV	10.56
Pharmacy Technician	11.84
Phlebotomist	11.71
Registered Nurse I	19.72
Registered Nurse II	23.42
Registered Nurse II, Specialist	23.42
Registered Nurse III	28.34
Registered Nurse III, Anesthetist	28.34
Registered Nurse IV	33.96
Information and Arts Occupations	
Audiovisual Librarian	14.23
Exhibits Specialist I	15.55
Exhibits Specialist II	18.89
Exhibits Specialist III	20.98
Illustrator I	17.63
Illustrator II	21.42
Illustrator III	23.78
Librarian	20.32
Library Technician	11.45
Photographer I	11.73
Photographer II	15.55
Photographer III	18.89
Photographer IV	20.98
Photographer V	25.39
Laundry, Dry Cleaning, Pressing and Related Occupations	
Assembler	6.95
Counter Attendant	6.95
Dry Cleaner	8.18
Finisher, Flatwork, Machine	6.95
Presser, Hand	6.95
Presser, Machine, Drycleaning	6.95
Presser, Machine, Shirts	6.95
Presser, Machine, Wearing Apparel, Laundry	6.95
Sewing Machine Operator	8.77
Tailor	9.68
Washer, Machine	7.49
Machine Tool Operation and Repair Occupations	
Machine-Tool Operator (Toolroom)	18.33
Tool and Die Maker	20.31
Material Handling and Packing Occupations	
Forklift Operator	12.33
Fuel Distribution System Operator	15.10
Material Coordinator	16.72
Material Expediter	16.72

Material Handling Laborer	8.86
Order Filler	9.15
Production Line Worker (Food Processing)	12.00
Shipping Packer	11.59
Shipping/Receiving Clerk	10.56
Stock Clerk (Shelf Stocker; Store Worker II)	11.85
Store Worker I	9.42
Tools and Parts Attendant	14.93
Warehouse Specialist	14.36
Mechanics and Maintenance and Repair Occupations	
Aircraft Mechanic	20.53
Aircraft Mechanic Helper	15.13
Aircraft Quality Control Inspector	20.32
Aircraft Servicer	16.87
Aircraft Worker	17.74
Appliance Mechanic	16.03
Bicycle Repairer	13.37
Cable Splicer	18.47
Carpenter, Maintenance	16.03
Carpet Layer	17.61
Electrician, Maintenance	17.46
Electronics Technician, Maintenance I	15.47
Electronics Technician, Maintenance II	15.82
Electronics Technician, Maintenance III	16.95
Fabric Worker	14.56
Fire Alarm System Mechanic	16.79
Fire Extinguisher Repairer	13.84
Fuel Distribution System Mechanic	18.32
General Maintenance Worker	15.31
Heating, Refrigeration and Air Conditioning Mechanic	16.79
Heavy Equipment Mechanic	16.79
Heavy Equipment Operator	16.79
Instrument Mechanic	16.79
Laborer	10.02
Locksmith	17.51
Machinery Maintenance Mechanic	16.75
Machinist, Maintenance	16.79
Maintenance Trades Helper	13.05
Millwright	20.58
Office Appliance Repairer	16.03
Painter, Aircraft	18.24
Painter, Maintenance	16.03
Pipefitter, Maintenance	16.79
Plumber, Maintenance	16.03
Pneudraulic Systems Mechanic	16.79
Rigger	16.79
Scale Mechanic	15.31
Sheet-Metal Worker, Maintenance	16.79
Small Engine Mechanic	15.31
Telecommunication Mechanic I	16.79
Telecommunication Mechanic II	20.16
Telephone Lineman	16.79
Welder, Combination, Maintenance	16.79
Well Driller	16.79
Woodcraft Worker	16.79
Woodworker	13.84
Miscellaneous Occupations	
Animal Caretaker	7.35
Carnival Equipment Operator	9.24
Carnival Equipment Repairer	9.69
Carnival Worker	6.58
Cashier	7.09

Desk Clerk	7.98
Embalmer	17.93
Lifeguard	8.07
Mortician	19.39
Park Attendant (Aide)	10.13
Photofinishing Worker (Photo Lab Tech., Darkroom Tech)	8.22
Recreation Specialist	13.50
Recycling Worker	11.15
Sales Clerk	8.07
School Crossing Guard (Crosswalk Attendant)	9.00
Sport Official	7.02
Survey Party Chief (Chief of Party)	12.43
Surveying Aide	7.76
Surveying Technician (Instr. Person/Surveyor Asst./Instr.)	11.30
Swimming Pool Operator	10.33
Vending Machine Attendant	10.14
Vending Machine Repairer	11.88
Vending Machine Repairer Helper	10.14
Personal Needs Occupations	
Child Care Attendant	7.15
Child Care Center Clerk	11.06
Chore Aid	6.57
Homemaker	10.63
Plant and System Operation Occupations	
Boiler Tender	16.79
Sewage Plant Operator	17.81
Stationary Engineer	16.79
Ventilation Equipment Tender	13.05
Water Treatment Plant Operator	17.81
Protective Service Occupations	
Alarm Monitor	10.86
Corrections Officer	13.17
Court Security Officer	13.19
Detention Officer	13.19
Firefighter	13.65
Guard I	8.18
Guard II	9.79
Police Officer	16.90
Stevedoring/Longshoremen Occupations	
Blocker and Bracer	14.84
Hatch Tender	14.84
Line Handler	14.84
Stevedore I	14.04
Stevedore II	15.42
Technical Occupations	
Air Traffic Control Specialist, Center (2)	28.21
Air Traffic Control Specialist, Station (2)	19.46
Air Traffic Control Specialist, Terminal (2)	21.43
Archeological Technician I	13.01
Archeological Technician II	14.63
Archeological Technician III	18.07
Cartographic Technician	17.38
Civil Engineering Technician	18.89
Computer Based Training (CBT) Specialist/ Instructor	23.07
Drafter I	11.46
Drafter II	12.90
Drafter III	16.21
Drafter IV	19.70
Engineering Technician I	15.58
Engineering Technician II	16.67
Engineering Technician III	20.54
Engineering Technician IV	24.87

Engineering Technician V	29.05
Engineering Technician VI	35.89
Environmental Technician	16.43
Flight Simulator/Instructor (Pilot)	26.55
Graphic Artist	18.24
Instructor	19.19
Laboratory Technician	13.51
Mathematical Technician	18.07
Paralegal/Legal Assistant I	12.85
Paralegal/Legal Assistant II	15.60
Paralegal/Legal Assistant III	19.09
Paralegal/Legal Assistant IV	23.09
Photooptics Technician	18.89
Technical Writer	18.98
Unexploded (UXO) Safety Escort	17.93
Unexploded (UXO) Sweep Personnel	17.93
Unexploded Ordnance (UXO) Technician I	17.93
Unexploded Ordnance (UXO) Technician II	21.70
Unexploded Ordnance (UXO) Technician III	26.01
Weather Observer, Combined Upper Air and Surface Programs (3)	15.49
Weather Observer, Senior (3)	16.76
Weather Observer, Upper Air (3)	15.49
Transportation/ Mobile Equipment Operation Occupations	
Bus Driver	10.22
Parking and Lot Attendant	7.51
Shuttle Bus Driver	9.80
Taxi Driver	9.68
Truckdriver, Heavy Truck	13.31
Truckdriver, Light Truck	9.80
Truckdriver, Medium Truck	10.73
Truckdriver, Tractor-Trailer	13.31

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$2.15 an hour or \$86.00 a week or \$372.67 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 8 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your

regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges. A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific

job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed. The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
 - 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
 - 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
 - 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
 - 5) The contracting officer transmits the Wage and Hour decision to the contractor.
 - 6) The contractor informs the affected employees.
- Information required by the Regulations must be submitted on SF 1444 or bond paper. When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Attachment 026

Naval Medical Logistics Command, Ft Detrick, MD
 Contract Administration Plan
 Naval Medical Center, Portsmouth, VA
 Tidewater Nursing Services
 Request for Proposals N62645-02-R-0016

I. Definitions.

a. **Administrative Contracting Officer (ACO).** The Government official responsible for administering the contract to the extent that the Procuring Contracting Officer (PCO) has delegated contract administration. For the purposes of this contract, the PCO has retained contract administration responsibilities. Therefore, the terms PCO and ACO refer to different functions performed by the same individual.

b. **Alternate Contracting Officer's Representative (ACOR).** A Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer in the absence of the Contracting Officer's Representative for a specific contract, for a specified period of time.

c. **Contracting Officer's Representative (COR).** The Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer.

d. **Bureau of Medicine and Surgery (BUMED).** The Department of the Navy command responsible for all navy healthcare contracting initiatives.

e. **Naval Medical Logistics Command (NAVMEDLOGCOM).** The Department of the Navy command responsible for implementation of the Bureau of Medicine and Surgery's healthcare contracting initiatives.

f. **Procuring Contracting Officer (PCO).** The Government official within NAVMEDLOGCOM authorized by warrant to enter into the contract for the Government.

g. **Requiring Activity.** The referral Navy Medical Treatment Facility (MTF) under the cognizance of the Bureau of Medicine and Surgery.

h.

Assistant (TA). The requiring activity representative who may be assigned to provide technical or administrative assistance to the COR. TAs may be assigned to assist and support the COR but shall not be given the authority to provide any technical direction or clarification directly to the contractor.

Technical

II.

ilities.

Responsibilities

a. The Navy's Bureau of Medicine and Surgery (BUMED) as Program Manager shall:

1. Establish medical contract policy guidance.
2. Provide overall direction for the planning, development, and operation of all Navy MTFs.
3. Monitor the progress and achievement of medical contracts within the overall health care delivery system.
4. Serve as subject matter expert for all technical aspects of medical contracting efforts.

b. The Procuring Contracting Officer (PCO), Acquisition Management Directorate (Code 02), Naval Medical Logistics Command shall:

1. Perform all required pre-award actions including providing information or answering questions that arise during the solicitation period and as a result of Freedom of Information Act (FOIA) inquiries.
2. Review the CAP Documentation Form and complete Part II. The PCO shall furnish sample COR and TA nomination letters to the Requiring Activity in accordance with NAVSUPINST 4205.3D.
3. Verify that the individual(s) nominated to act as COR have had the required training and has the experience necessary. If the PCO determines that a nominee does not meet the requisite experience and training requirements, the PCO shall request that the activity nominate another individual.
4. Review the CAP prior to incorporation into the solicitation. This review shall ensure that all contract administration functions are assigned, suit the specific circumstances of the contract and give due consideration to the type of contract, the place of performance, period of performance, and inspection and acceptance criteria stated in the solicitation/contract.
5. Include the COR duties contained in this master CAP in the resultant solicitation/contract. Additional duties shall be separately delineated within the contract document, as appropriate.
6. Designate the paying office in the contract document.
7. Appoint the COR and ACOR.
8. Perform all contracting officer contract administration. Regular meetings between the PCO, the COR and/or the requiring activity's Commanding Officer or representative will be held to discuss the status of and the performance under individual contracts. The frequency of meetings will depend upon the size and complexity of the contract.

NOTE: It is emphasized that only the Contracting Officer has the authority to modify the terms of the contract. Therefore, in no event will any understanding, agreement, modification, change order, or other matter deviating from the terms of the basic contract between the contractor and any other person be effective or binding on the Government. When/if, in the opinion of the contractor, such direction affecting the terms of the basic contract is being given by the COR, the contractor shall promptly notify the PCO.

9. Evaluate reports of contractor non-compliance and take appropriate action within 30 days of receipt. Copies of any correspondence regarding the results of such analyses shall be provided to the requiring activity and the COR simultaneously with the action taken.
10. Arrange post-award conference, if required. Invite necessary attendees. Ensure that the COR duties are thoroughly discussed and understood. Direct the attention of all personnel involved in the DoD Standards of Conduct policy.
11. Maintain cognizance of the performance of CORs under the contract. Prompt action shall be taken when COR (or alternate) is not performing properly.
12. Maintain official contract file including modifications (and all back-up documentation).
13. Maintain the accuracy of this master CAP throughout the life of these contracts.

14. Maintain a list of all CORs under their cognizance and periodically review the files and performance of these CORs in accordance with NAVSUPINST 4205.3D.
15. Review the existing semi-annual contractor performance reports prior to exercising any option under the contract and enter data into the Contractor Performance Assessment Reporting System (CPARS).
16. Maintain a log of total hours ordered under the contracts per CLIN/SLIN as to guarantee the maximum order quantities will not be exceeded. Notify NAVMEDLOGCOM Code 07 and Requiring Activity when 75% of the maximum order quantity of any CLIN/SLIN has been reached.

c. The Healthcare Program Analyst, Healthcare Services Support Directorate (Code 07), Naval Medical Logistics Command shall:

1. Submit a completed and signed CAP Documentation Form with answers to questions that pertain to this acquisition.
2. As appropriate, submit the Contract Data Requirements List (DD Form 1423 or CDRL) which provides a description of reports to be required of the contractor.
3. Act as medical contracts technical manager. Ensure consistency among medical contracts by providing coordination and technical liaison between requiring activities, BUMED, CORs, and the PCO.
4. Coordinate development of medical procurement technical requirements including a performance oriented statement of work (Section C), draft input to Sections L and M, a draft Source Selection Plan, potential sources for the procurement, quality assurance plan, surveillance plan and other related documents for contracting.
5. Monitor and manage reports of contractor non-compliance, evaluate reports submitted by the individual CORs and, recommend PCO disposition on all noted discrepancies.
6. Perform trend analysis on reports and provide written feedback to the PCO and CORs.
7. Provide technical assistance to CORs and customers.
8. Conduct periodic COR meetings and inspections to discuss status and performance under the contract emphasizing problem identification, problem solving and contract familiarity. These items will be coordinated with the PCO.
9. Ensure CORs, MTFs, and BUMED are appropriately informed of medical issues.
10. Provide periodic statistical financial reports concerning program operations to BUMED.
11. Periodically appraise customers of hours remaining within Schedule B and any anticipated impact that new task orders will have on expansion.

d. The Commanding Officer of the requiring activity shall:

1. Budget and provide funding for the contracts.
2. Nominate an individual by name, title, code and phone number to the PCO to be appointed as COR. This individual shall also be the quality assurance monitor and lead technical advisor to the ACO and shall be responsible for all technical interface needed during the performance of the contract. An ACOR can be nominated to act in the absence of the COR or to assist when needed to provide additional expertise.

NOTE: COR duties cannot be delegated. Multiple primary CORs (not to be confused with the ACOR) under a single task order are not permitted. The COR shall be accountable for the actions of alternates.

NOTE: Nomination of new CORs as a result of reassignment, termination of employment, etc., shall be made in accordance with the procedures outlined herein.

3. Ensure all individuals nominated as COR or ACOR have the necessary qualifications to satisfactorily perform the required duties, hold a position of responsibility commensurate with the complexity of the contract and have graduated from a Naval Supply System Command (NAVSUP) approved COR training course prior to appointment.

4. Upon receipt of the contract from the PCO, forward copies of documents to all staff having administrative functions for the medical contract.

5. Support and supervise the COR in the performance of their duties. If the Commanding Officer determines that assigned duties are not being performed in a satisfactory manner, immediate corrective action shall be taken (including the recommendation to replace the COR if required). The PCO shall be promptly notified of all actions taken. The requiring activity should consider COR performance in rating all individuals assigned COR functions.

6. Notify the PCO in writing of any organizational or personnel changes affecting the CAP.

7. Ensure that appropriate timely action is taken on all contract related correspondence received from either the PCO or COR. This includes the timely submission (to the PCO) of any requests for changes to the statement of work, deviations or waivers. An independent government cost estimate of the impact on contract price and the availability of additional funding must accompany all requests for changes to the statement of work, if additional costs are anticipated. The Contractor's price quote and the rationale for requesting the change shall accompany changes proposed by the contractor. The price quote serves as a budgetary estimate of the cost impact. The requiring activity shall also provide input as to technical acceptability of the proposed change.

8. The requiring activity Commanding Officer may appoint a TA to assist the COR in executing routine contract administration, monitoring and, surveillance duties. The appointment of all TAs must be in writing and must include the TA's responsibilities and limitations. A copy of this appointment letter shall be provided to the PCO. Before appointment, the requiring activity shall assure that all TAs have the appropriate training and experience.

e. The Contracting Officer's Representative (COR) shall:

1. Attend pre-proposal and post-award conferences and periodic meetings with the PCO.

2. Attend periodic meetings among the PCO, requiring activity and contractor(s) to discuss the status of and performance under the contracts.

3. Avoid issuing any instructions that would constitute a contractual change. The COR and contractor shall not enter into any understanding, agreement, modification, or change order deviating from the terms of the basic contract which shall be effective or binding on the Government. If in the opinion of the contractor an effort outside the scope of the contract is requested, the contractor shall promptly notify the PCO in writing. The contractor may take no action unless the PCO or ACO has issued a contractual change. The COR will include, on all correspondence to the contractor, a declination of authority in accordance with SECNAVINST 4200.23.

4. Perform as technical interface between the government and the Contractor(s) for the contracts by providing technical advice or clarification of the statement of work; milestones to be met within the general terms of the contract or specific subtasks of the contract. The COR is the point of contact through whom the contractor can relay questions and problems of a technical nature to the contracting officer. The contractor may also choose to contact the contracting officer directly on these issues.

5. Coordinate/facilitate credentials submission between the MTF and the contractor.
6. Monitor contractor performance and progress under the contract. If this observation discloses that potentially inefficient or wasteful methods are being used, the COR shall take reasonable and timely action to alert the contractors and the PCO. Furthermore, the COR shall promptly advise the PCO of any observed continuous and/or substantial deficiencies in the contractor's performance or other instances of noncompliance with contract terms or conditions. Enclosure (1) is the surveillance plan to be used by the COR to monitor contractor performance. Deviation from this surveillance plan is only permitted with the prospective approval of the PCO.
7. Promptly issue Contract Discrepancy Reports (CDRs) Enclosure (2), to the contractor to document discrepant performance. The COR shall always obtain the contractor's response/rebuttal to the CDR, evaluate the acceptability of the response and promptly forward the CDR, contractor response/rebuttal, and the evaluation to the PCO and NAVMEDLOGCOM, Code 07.
8. Monitor and verify shifts and/or hours of service provided. Keep accurate records of contractor performance and compare these records with the DD250 submitted by the contractor. The COR shall always use this information as a tool in evaluating contractor invoices.
9. Inspect and/or accept the services as the official government representative. Certify contractor's invoices when they are considered accurate.
10. Use MIL-STD 105 for random sampling surveillance unless otherwise stated in the contract.
11. Be fully knowledgeable of the invoicing requirements of the contract. The COR shall process all DD250s in a timely manner to ensure that prompt payment due dates are met.
12. Immediately alert the PCO and the ACO of any unusual performance problems. If a corrective action plan is approved by the contracting officer, the COR shall monitor the corrective action plan. If situations arise that create a question, the COR shall always obtain advice from the PCO and/or ACO, as prudent, prior to taking any action.
13. Continuously monitor the quantity of services provided under each contract line item number (CLIN) and/or task order. Advise the PCO if it appears that service quantities may be expended before the end of the performance period, or quantities of unused hours for services have been ordered but will not be received by the end of the performance period.
14. Perform administrative duties including maintaining files in support of all actions performed in their capacity as COR. The COR shall respond to all contract related correspondence in a timely manner. Contract files shall include a conforming copy of the contract, all modifications, all contractor invoices, all DD250s, all surveillance reports, each CDR (including the contractor's response/rebuttal), any contract-related correspondence, a contract log or COR diary, all PHONCON and email records, meeting minutes, reports from government subject matter experts, and independent government cost estimates which have been prepared.
15. Take the necessary steps to ensure that government property furnished to the contractor is furnished in a timely manner and in proper condition for use. The COR shall maintain both inventory and disposition records for all Government furnished property. This inventory/disposition file is coordinated with the ACO. The COR shall ensure that the contractor returns all Government furnished property or that Government furnished material has been reasonably consumed in the performance of work.
16. Read and comply with all applicable instructions and procedures on standards of conduct and conflict of interest including yearly filings of financial interest.
17. Ensure that the contractor receives copies of all regulations and/or directives considered appropriate to the services being provided.

18. Submit a Report on Contractor Performance detailing the contractor's performance to the PCO. This report shall be made annually, as of 30 April of each fiscal year. A final report shall be sent the PCO within 60 days after completion of the contract. The final report shall contain a conclusive statement describing the overall performance of the contractor and an evaluation report on the accountability of government property furnished to the contractor during the performance of the contract. Enclosure (3) contains the format for this report.

19. Perform other duties, peculiar to the contract, as may be incorporated into the contract document or required by the contracting officer.

f. Technical Assistant (TA). All requirements for TA duties are reported directly to the COR. At the direction of the COR, duties that may be assigned to the TA include:

1. Perform surveillance and identify contractor deficiencies.
2. Review contract deliverables, recommend acceptance/rejection, and provide the COR with documentation to support all recommendations.
3. Assist in preparing the final report on contractor performance in accordance with the format and procedures prescribed by the Contracting Officer to the COR.
4. Identify contractor noncompliance with reporting requirements.
5. Evaluate the contractor's proposals and identify potential problem areas.
6. Provide timely input regarding technical clarifications for the statement of work, technical direction that may need to be provided to the contractor, and recommended corrective actions.
7. Provide detailed written reports of any trip, meeting, correspondence, email or conversation subsequent to any interface between the TA and the contractor.

Enclosures:

Surveillance Plan
Contract Discrepancy Report
Report on Contractor's Performance

**Surveillance Plan for Tidewater Nursing Services
Naval Medical Center, Portsmouth, VA
Request for Proposals N62645-02-R-0016
Enclosure (1)**

1. INTRODUCTION

a. Purpose. This surveillance plan has been developed to aid the Contracting Officer's Representative (COR) in providing effective and systematic surveillance of all aspects of this contract.

b. Objective. To ensure that the contractor is complying with the specifications of the Medical Services contract by providing quality healthcare services to eligible beneficiaries.

c. Scope. This plan applies to the Medical contract services. This is a personal services contract.

2. RESPONSIBILITIES

a. The Procuring Contracting Officer (PCO) at the Naval Medical Logistics Command (NAVMEDLOGCOM), Ft. Detrick, MD, Acquisition Management Directorate (Code 02) is responsible for negotiating all modifications to contract terms, conditions or amounts.

b. The Healthcare Program Analyst at the NAVMEDLOGCOM, Ft. Detrick, MD, Healthcare Services Support Directorate (Code 07) serves as the technical agent for coordinating issues among the PCO, the requiring activity and the COR. The Healthcare Program Analyst reviews the results of the COR's contract surveillance and provides feedback to the COR and recommendations to the PCO. The Healthcare Program Analyst provides technical support to the COR and the PCO in preparing modifications. The Healthcare Program Analyst also tabulates statistical data on contractor invoices.

c. The MTF, Naval Medical Center (NMC), Portsmouth, VA (the requiring activity) is responsible for reviewing and approving all correspondence submitted by the COR to NAVMEDLOGCOM.

d. The COR is responsible for assuring contractor performance through audit, documentation and liaison with the PCO. The COR shall ensure that copies of all contractor correspondence and requiring activity or COR responses are provided to the PCO. The COR must observe the following cautions and limitations:

- (1) Do not request or direct the contractor to do anything that is not expressly stated in the contract.
- (2) Do not attempt to control contractor efforts except as specifically authorized in the contract.
- (3) Do not make suggestions or comments that the contractor could construe as authority to proceed on work not specified in the contract.
- (4) Do not request changes that add work or objectives not within the scope of the contract. Seek the advice of the KO.
- (5) Do not accidentally generate a basis for a contractor claim. Communicate with the contractor in a timely manner.
- (6) Exercise diligence in monitoring and documenting the contractor's performance. When in doubt about any aspect of the contract specifications or the contractor's performance, seek the advice of the KO or the NAVMEDLOGCOM analyst.

(7) Bring to the attention of the KO any extraordinary action on the part of the contractor, i.e., any performance outside the scope of the contract.

3. INSPECTION METHODS.

a. General. There are several methods that serve as means for inspecting contractor performance. Some methods are more appropriate than others and the COR may utilize any or all of these inspection methods. Inspection, along with documentation, is vital to ensure and maintain contractor compliance with contract requirements.

b. 100% Inspection. This method of surveillance is time consuming, expensive and unrealistic for services performed frequently. However, it is appropriate in critical areas where health and safety are involved.

c. Periodic Surveillance Checklists. Checklists are used for services performed on an infrequent but predictable schedule (e.g., monthly, quarterly, annually, etc.) Any scheduled service that is provided on less than a daily basis can be considered for inclusion on a checklist.

d. Random Sampling. Sampling combines an unbiased, comprehensive evaluation of the contractor's performance with an efficient utilization of limited inspection time. The basis for doing random sampling is MIL-STD-105D, "Sampling Procedures and Tables for Inspection by Attributes", widely understood and used by both the Government and contractors. It is based on the concept of an attribute, a feature of a service that either does, or does not match a standard.

e. Customer Complaints. Validated customer complaints are a means of documenting certain kinds of service problems. The COR will coordinate efforts to acquire, validate and, document these complaints. Customer complaints are seldom used to reject a service, but can be used as further evidence of unsatisfactory performance if random sampling shows the specific service is unsatisfactory. To be an effective tool, customer complaints must be documented. When the random sample continues to show satisfactory performance, ongoing customer complaints can indicate to the COR the need to increase the sample size or perform a 100% surveillance. Complaints can be used as further evidence of unsatisfactory performance when random sampling shows that the specific service is unsatisfactory.

4. TIME FRAMES FOR MONITORING PERFORMANCE REQUIREMENTS.

a. There are several different time frames for monitoring performance requirements of the contract. Depending upon the specific performance requirement, the COR will monitor activities on a one-time basis, a per occurrence basis, or an ongoing basis.

b. One-time Activities. This type of performance requirement is generally monitored for initial or start-up activities, such as submission and verification of the credentials files.

c. Per Occurrence Activities. This type of activity is one that is monitored at each occurrence. It is often an occurrence that is serious in nature and could place undue risk on patient care. It usually will require the COR to investigate the matter. Examples of these would include patient complaints, medication errors, or any incidents that resulted in disciplinary action that the requiring activity felt necessary to investigate.

d. Ongoing Activities. This type of performance requirement is one that must be continuously monitored throughout the contract, as the requirement itself is ongoing. Such examples of these types of activities would be the requirement for shift coverage, schedule submissions, meeting attendance, maintenance of personnel qualifications, and documentation of annual training.

5. DOCUMENTATION.

a. General. The need for adequate documentation of each interface between the COR and the contractor cannot be overemphasized. CORs should understand the procedures which are described in FAR Part

33.2. CORs should remember that the documentation prepared by the COR will be the primary evidence used by the Government in any claims actions and that in such allegations, the Government bears the burden of proof. This documentation must be thorough, accurate and complete.

b. It is important to maintain a record of all other interactions between the COR and the contractor which reflects normal clinic operations or services required by the contract. Examples may include schedule submissions, feedback on contractor credentialing actions, substitution procedures for health care workers, etc. Examples such as these may or may not be part of the monthly surveillance, but the COR's ability to reconstruct events or the flow of information will be important if disagreements arise as to the quality or timeliness or contract services.

c. Documentation may comprise Contract Discrepancy Reports (CDRs), minutes of meetings, annotations on surveillance checklists, letters, email, memoranda, etc. Results of inspections that identify unsatisfactory contractor performance must be furnished to the contractor for review, comment, and corrective action as appropriate. (See Enclosure 2)

d. All inspection documentation related to contract performance is an integral part of the contract file and must be stored and maintained accordingly. The COR should maintain a reading file of all correspondence and pertinent documentation.

6. PROCEDURES.

a. At the end of each bi-weekly period of contract performance, the contractor will present the COR with an invoice (Material Inspection and Receiving Report, DD Form 250) and a completed Certificate of Performance. The COR will inspect the invoice and certificate to ensure that they accurately reflect the numbers of shifts that the contractor worked, but will not accept (sign) the invoice or certificate if there are any inaccuracies.

b. If the COR disagrees with the shift quantity (numbers of shifts worked for that billing period), the COR shall attempt to promptly resolve the discrepancy with the contractor key person. The COR shall return the invoice with a memorandum to the contractor, rejecting the invoice as "improper". This memorandum shall state the amount of the invoice which the COR considers to be correct. A copy of the invoice and the memorandum shall be retained by the COR. The COR shall encourage the contractor to re-invoice for the correct quantity so that it can be certified correctly. Significant or recurring quantity discrepancies, or failure of the contractor to submit a revised invoice for a billing period shall be brought to the attention of the PCO.

7. CONTRACT DISCREPANCY REPORTS (CDRs)

a. In all instances where the contractor's performance takes exception to the contract and/or is unacceptable, the COR will issue a CDR to the contractor for review and comment.

b. The COR shall ensure that all inspection data is attached. The contractor cannot be expected to respond to performance deficiencies that are not clearly and specifically identified. A cover memorandum on the CDR should specify that the contractor has three working days to respond in writing to the COR.

c. Upon receipt of the CDR package from the contractor, the COR shall review the contractor comments and give careful, objective consideration to the facts and mitigating circumstances documented in the response. The COR shall then make a final recommendation on the acceptability of contractor performance and note it on the CDR. The COR shall state why the contractor's response does or does not have merit. The COR shall attach as much additional documentation as required to support their findings and recommendations.

d. The COR shall forward copies of each completed CDR and, the final recommendation to the contractor, the PCO and NAVMEDLOGCOM (Code 07).

e. NAVMEDLOGCOM (Code 07) will review CDRs and will advise the COR of the need for any further documentation. NAVMEDLOGCOM (Code 07) will then forward the documentation to the PCO with recommendations for action.

8. PERFORMANCE REQUIREMENTS FOR SURVEILLANCE.

The following are performance requirements, the applicable contract references and suggested methods of inspection and frequency of inspection. They are as follows:

<u>Performance Requirement</u>	<u>Contract Reference</u>	<u>Suggested Frequency</u>	<u>Method of Inspection</u>
Provide medical Services	Section C	Daily	100% Inspection
Staff Referrals	Section	Daily	100% Inspection
HCW appearance/ Security Requirements	Section C.1.4.	Daily	100% Inspection
Tracking Absences	Section C.3.	Upon Occurrence	100% Inspection
Contractor/ Government Face-to-face Meetings	Section C.6.	30-90 days	100% Inspection
Timely Invoice Submission	Section G.2.	Bi-weekly	100% Inspection
Personnel Substitutions	Section H.5. & H.6.	Upon Occurrence	100% Inspection
Personal Health Examinations	Section H.6.2	Upon Occurrence	100% Inspection
Health Care Worker In-processing	Section H.6. & H.7.	Upon Occurrence	100% Inspection
Maintenance of Qualifications	Section H.6.	Upon Occurrence	100% Inspection
Crime Control Act	Section H.7.	Upon Occurrence	100% Inspection
Liability Insurance	Section H.8.	Upon	100% Inspection

Occurrence			
Drug Free Workplace	Section I	Monthly	100% Inspection

**Contractor Discrepancy Report for Tidewater Nursing Services
Naval Medical Center, Portsmouth, VA
Request for Proposals N62645-02-R-0016
Enclosure (2)**

CONTRACT DISCREPANCY REPORT		
Contract Number:	Contract Clause:	Date:
COR Findings:		
COR (sign and date):		
Contractor Response:		
Contractor Project Manager (sign and date):		

COR Determination/Recommendation:

COR (sign and date):

**Contractor Discrepancy Report for Tidewater Nursing Services
Naval Medical Center, Portsmouth, VA
Request for Proposals N62645-02-R-0016
Enclosure (3)**

REPORT ON CONTRACT PERFORMANCE

COMPANY OR INDIVIDUAL'S NAME: _____
(IF CONTRACT IS WITH INDIVIDUAL STATE THEIR NAME)
(IF CONTRACT IS WITH A COMPANY STATE THE COMPANIES NAME)

CONTRACT NUMBER: _____

TYPE OF SERVICE: _____

REPORTING PERIOD: _____

COR/TECHNICAL LIAISON: _____

TELEPHONE NO: _____

SUPERVISOR OF HCW: _____

TELEPHONE NO: _____

REPORT PREPARED BY: _____

TELEPHONE NO: _____

Definitions:

Contractor means the entity (business or individual) that has the legal duty to perform the contract.

HCW means the "Health Care Worker" who is providing the service.

Note: In contracts with individuals, the Contractor is also the HCW.

Quality of Service

	YES	NO	N/A
1. Was any HCW the subject of a validated patient complaint? If yes explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was any HCW the subject of an occurrence report? If yes explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the HCW(s) interact and take direction in accordance with the contract, clinical standards, and protocol? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was HCW productivity and quality comparable to that of other HCWs assigned the same scope of services? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were all services provided as dictated by the terms of the contract? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Were there any other documented problems with the quality of the services provided by an HCW? If so explain _____

☐ ☐ ☐

7. Have any HCWs been cited for commendable performance? If so explain _____

☐ ☐ ☐

8. Have any contract HCWs performed in an exemplary manner? If so explain _____

☐ ☐ ☐

Additional comments on Quality of Service provided:

The Schedule

YES NO N/A

1. Did the Contractor submit complete credentials file/professional file information on time?

☐ ☐ ☐

2. Did the health care workers begin performance on the date and time scheduled?

☐ ☐ ☐

3. (Contracts with agencies only)

☐ ☐ ☐

Did any HCW miss a shift without approved leave or absence? If so how many?

Number of shifts missed _____ Number of shifts scheduled _____

4. Did the Contractor submit invoices on time and in accordance with the contract? _____

☐ ☐ ☐

5. Contracts with agencies only:

☐ ☐ ☐

Did any HCW request more than 13 days of unplanned absences during the contract year? _____

6. Did any HCW request leave without pay (LWOP) during the performance period? If so, what were the circumstances? _____

☐ ☐ ☐

7. Was leave requested and used in accordance with the contract? If no, explain _____

☐ ☐ ☐

8. Was any HCW habitually late to work? If so, how many times? _____

☐ ☐ ☐

Additional comments on the Schedule of services:

Management of Key Personnel

(Contracts with companies only)

YES NO N/A

1. Did the Health Care Workers meet the minimum qualifications in the contract?

☐ ☐ ☐

2. Did any of the HCWs exceed the minimum qualifications stated in the contract in a way that was beneficial to the Navy?

☐ ☐ ☐

If yes, explain _____

3. Did the Contractor experience turnover of HCWs during the period? If so, what is the ratio of HCW turnover to total HCWs on the contract? (ie: 20/2 = 20 HCWs on the contract to 2 HCW turnover during the reporting period) _____

☐ ☐ ☐

4. If yes to 3 above state the average amount of time taken for substitution of personnel from the date that one HCW left contract?

☐ ☐ ☐

Number of days: _____

5. Did the Contractor submit complete technical packages for substitutions? _____

☐ ☐ ☐

6. Were all HCW maintenance requirements (licensure, BLS, etc.) kept current during the reporting period? If no, explain _____

☐ ☐ ☐

7. Did any HCW experience problems obtaining pay or benefits from the Contractor during the reporting period? If no, explain _____

☐ ☐ ☐

Additional comments on the Management of Key Personnel:

Special comments on performance:

Attachment 027

Proof of U.S. Employment Eligibility
LISTS OF ACCEPTABLE DOCUMENTS

EITHER SUBMIT ONE DOCUMENT FROM LIST A
OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST A

(Documents that Establish Both Identity and Employment Eligibility)

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

LIST B

Documents that Establish Identity

1. Driver's license or ID card
issued by a state or outlying
possession of the United States.....
provided it contains a
photograph or information such
as name, date of birth, sex,
height, eye color, and address
2. ID card issued by federal, state..
or local government agencies of
entitles provided it contains a
photograph or information such
as name, date of birth, sex
height, eye color, and address
3. School ID card with a
photograph
.....

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued
by the Social Security Administration (other than a
card stating it is not valid for employment)
2. Certification of Birth Abroad
issued by the Department of
State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth
certificate issued by a state, county,
municipal authority or outlying

4. Voter's registration card..... -----
..... -----
5. U.S. Military card or draft record
..... -----
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant..... -----
Mariner Card
8. Native American tribal document -----
..... -----
9. Driver's license issued by a -----
Canadian government authority
For persons under age 18 who -----
are unable to present a -----
document listed above; -----
..... -----
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

possession of the United States bearing
an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)
7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

Attachment 028

NAVMED P-117

U.S. Navy
Manual of the Medical Department
NAVMED P-117
29 October 1992

Department of the Navy

NAVMED P-117
CHANGE 107

Subj: Off-duty Remunerative Professional
Employment (Regulatory)

1. General. Off-duty remunerative professional civilian employment, including self-employment (hereto referred to as off-duty employment) of active duty Medical Department officers is subject to policies herein stated by the chief, Bureau of Medicine and Surgery, and policies applicable to all members of the naval service as stated by the Secretary of the Navy (SECNAVINST 5370.2 series) and the Chief of Naval Personnel (BUPERSMAN 34205000). No Medical Department officers on active duty shall engage in any off-duty employment without first obtaining the permission of the Commander.

2. Guideline

a. Medical Department officers on active duty are in a 24-hour duty status and their military duty takes precedence on their time, talents, and attention.

b. Permission for an officer to engage in off-duty employment shall be based on a determination by the Commander that the permission requested is consistent with these guidelines and that the proposed employment will not interfere with the officer's military duties. If approved, employment will normally not exceed 16 hours per week. Periods in excess of 16 hours per week can be authorized only if the Commander finds that special circumstances exist which indicate that no conflict with military duties will occur, notwithstanding the addition hours. Permission to engage in off-duty employment may be withdrawn at any time.

c. A Medical Department officer in off-duty employment shall not assume primary responsibility for the care of any critically ill person on a continuing basis as this will inevitably result in compromise of responsibilities to the patient or the primacy of military obligations.

d. Medical Department officer trainees are prohibited from off-duty employment. Other Medical Department officers are discouraged from off-duty employment. No officer shall request or be granted administrative absence for the primary purpose of conducting off-duty employment.

e. Off-duty employment shall not be conducted on military premises, involve expense to the Federal government, nor involve use of military equipment, personnel, or supplies. Military personnel may not be employed by Medical Department officers involved in off-duty employment.

f. Off-duty employment shall not interfere, nor be in competition, with local civilian practitioners in the health professions and must be carried out in compliance with all applicable licensing requirements. To ensure this, a statement shall be provided from the appropriate local professional association indicating that there is a need for the individual's service in the community. Local licensing requirements are the responsibility of officers wishing to engage in private practice. Those engaging in private practice are subject to all requirements of the Federal narcotic law, including registration and payment of tax.

g. There may be no self-referral from the military setting to their off-duty employment on the part of military Medical Department officers.

h. No Medical Department office on active duty in off-duty employment may solicit or accept a fee directly or indirectly for the care of a member, retired member, or dependent of such members of the uniformed services as are entitled to medical or dental care by those services. Indirect acceptance shall be interpreted to include those fees collected by an emergency room or walk-in clinic staffed by a military medical officer. Entitled members must be screened and identified as such by the facility and their charges reduced to reflect that portion of the charges which are accounted for by the military medical officer's services. Nor may such a fee be accepted directly or indirectly for the care of Department of Veterans Affairs beneficiaries.

i. The Assistant Secretary of Defense (Health Affairs) has decreed that it will be presumed that a conflict of interest exists and, hence, CHAMPUS payments will be disallowed in any claim of a CHAMPUS provider who employs an active duty military member or civilian employee. The only two exceptions are:

(1) Indirect payments to private organizations to which physicians of the National Health Service Corps (NHSC) are assigned (but direct payments to the NHSC physician would still be prohibited).

(2) Payments to a hospital employing Government medical personnel in an emergency room provided the medical care was not furnished directly by the Government personnel.

j. Subsidiary obligations arising out of off-duty employment, such as appearances in court or testimony before a compensation board, which take place during normal working hours, shall be accomplished only while on annual leave.

k. These guidelines do not apply to the provision of emergency medical assistance in isolated instances. Also excluded are nonremunerative community services operated by nonprofit organizations for the benefit of all the community and deprived persons, such as a drug abuse program, program volunteer, venereal disease centers, and family planning centers.

l. Medical Department officers are expected to be aware of and comply with all other statutes and regulations pertaining to off-duty employment. Where doubt exists as to whether all applicable constraints have been considered, consultation should be effected with the local naval legal service office.

3. The local command has primary responsibility for control of off-duty employment by Medical Department officers. Guidelines above serve as a basis for carrying out this responsibility.

4. Medical Department officers requesting permission to engage in off-duty employment shall submit their request to the Commander on NAVMED 1610/1, Off-duty Remunerative Professional civilian Employment Request, and shall sign the Statement of Affirmation thereon in the Commander's presence or designee. Approval or disapproval by the Commander shall be indicated in the appropriate section of NAVMED 1610/1. Medical Department officers shall advise their off-duty employers that as military members they are required to respond immediately to calls for military duty that may arise during scheduled off-duty employment. The Commander's approval of an officer's request for off-duty employment may not be granted without written certification from the off-duty employer that he or she accepts the availability limitations placed on the Medical Department officer.

5. The requester shall inform the Commander in writing of any deviation in the stated request prior to the inception of any such changes.

6. Permission shall be withdrawn at any time by the Commander when such employment is determined to be inconsistent with the above guidelines. Where permission is withdrawn the officer affected shall be afforded an opportunity to submit to the Commander a written statement containing the Medical Department officer's views or any information pertinent to the discontinuance of the employment.

7. Reports are not required to be submitted to BUMED by field activities. However, during Medical and Dental Inspectors General visits or other administrative onsite visits, local command compliance with this article will be

reviewed. In addition, adequate records should be maintained to provide summarized information as may be necessary for monitoring and evaluating the functioning of this program by BUMED or higher authority.

Attachment 029

NOTIONAL TASK ORDER NTO 001

SUBJECT: NOTIONAL TASK ORDER PROPOSAL REQUEST FOR CARDIAC NURSING SERVICES

TO: MATO IDIQ contractors:

This document serves as a Notional Task Order Proposal Request (TOPR) for NMCP, Portsmouth, VA.

1. **SERVICES REQUIRED / PLACE OF PERFORMANCE.** This task order proposal request is for cardiac nursing services at **NMCP Portsmouth, VA).**

2. **PERIOD OF PERFORMANCE.**

The estimated period of performance for all positions is 1 Oct 04 through 30 Sep 05. The estimated quantity of hours is as follows:

a. RN - Cardiac Catheterization Lab----- Estimated quantity of hours = 2,080

b. RN - Cardiac Clinical Nurse Specialist Estimated quantity of hours = 4,160

c. RN - Cardio-Thoracic Perioperative Estimated quantity of hours = 2,080

3. **MINIMUM QUALIFICATION REQUIREMENTS:** The requirements in Section H, paragraph H.6. apply to all positions within this Notional TOPR. Additionally, see attached SOWs.

4. **DESCRIPTION OF SERVICES:** This is an abbreviated requirement (not all labor categories) that focuses on replacing the above categories of healthcare workers within a 90 day window from the issuance of the TO to the receipt of complete credentialing packages. Services would be expected to begin within 30 days following submission of the credentialing packages. See attached SOWs for specific description of services/duties of each labor category.

5. **PROPOSAL INFORMATION.**

a. **COST PROPOSALS DUE:** Proposals shall be provided in accordance with Section L.1.3. of the solicitation. For this Notional Task Order Proposal, you shall provide the following:

(1) Completed Pricing Sheet

(2) Completed Supplemental Pricing Worksheet

b. **TECHNICAL INFORMATION:** Offerors shall respond to questions in the Management Plan and provide past performance information.

**CARDIAC CATHETERIZATION LABORATORY
REGISTERED NURSE**

1. LABOR CATEGORY. The contractor shall provide Cardiac Catheterization Laboratory Registered Nurse Services.

2. PLACE OF PERFORMANCE. The health care worker shall provide nursing services in support of the Naval Medical Center, Portsmouth, VA.

3. DUTY HOURS. The healthcare worker shall provide 9 hours of service between the hours of 0600 and 1800 with an uncompensated 1.0 hour for meals. Services are generally provided Monday through Friday each week, excluding federal holidays. Specific schedules will be prepared approximately 4 weeks in advance.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES/RESPONSIBILITIES.

6.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

6.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

6.1.3. Joint Commission requirements. The health care worker shall comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

6.1.3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

6.1.3.2. The regulations and standards of professional practice of the treatment facility, and

6.1.3.3. The bylaws of the treatment facility's professional staff.

6.2. SPECIFIC DUTIES/RESPONSIBILITIES.

6.2.1. Provide both preoperative and postoperative care for cardiothoracic patients, including patients with ischemic heart disease, valvular heart disease, pulmonary pathology and those undergoing heart/lung transplantation.

6.2.2. Provide comprehensive, skilled nursing care to patients requiring frequent hemodynamic monitoring, specialized diagnostic treatments, frequent observations, and specialized intensive care nursing.

6.2.3. Formulate, maintain, and carry out directed plans of care based on determined nursing diagnoses and patient outcomes according to patient needs and available resources including time, personnel, equipment, and supplies.

6.2.4. Implements care in a knowledgeable, skillful, consistent, and continuous manner.

6.2.5. Confirm, implement and enforce physician instructions. Confer with medical staff on procedures and equipment, assuring all prescribed and required equipment and services are present and functional.

6.2.6. Interpret cardiac rhythms and cardiorespiratory parameters; determine implications of data and make indicated interventions, including the provision of Advanced Life Support. Comprehend underlying principles of pacemakers and Intra-aortic Balloon Pump therapy.

6.2.7. Manage and assess intra-cranial pressure monitoring data, integrating concepts of cerebral perfusion with data analysis, symptomatology and initiate appropriate nursing interventions.

6.2.8. Maintain required unit records, patient charts, forms, logs, records, registers, census reports and collect required statistics.

6.2.9. Make rounds to assess patients' status, assist with responding to call lights and with patient care.

6.2.10. Prepare equipment and assist physicians with treatment procedures.

6.2.11. Demonstrate competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).

6.2.12. Receive, report and count narcotics with nurse going off duty. Maintain controlled drug records.

6.2.13. Care for patients on ventilators, identify problems and initiate appropriate interventions.

6.2.14. Demonstrates effective and professional communication methods and skills using lines of authority appropriately.

6.2.15. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive status.

6.2.16. Assist in quality assurance and quality improvement programs.

6.2.17. Provide physical, nutritional, and psychological support to patients as required. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

6.2.18. Coordinate patient/staff education.

6.2.19. Provide a safe, clean environment for each patient.

6.2.20. Operate cardiac monitors and specialized unit equipment safely and effectively. Comprehend underlying principles of IABP and pacers. Interpret cardiac rhythms, determine implications of data and make indicated interventions, including the provision of Advanced Life Support (ALS).

6.2.21. Safely administer prescribed medications to include IV push drugs and IV drips. Monitor and document patient(s) response(s) in a timely manner. Demonstrate an ability to correctly integrate a knowledge of drug actions/interactions with hemodynamic concepts.

6.2.22. Provide emergency treatment.

6.2.23. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses, nursing assistants, and other clinical support personnel as appropriate.

6.2.24. Promote health maintenance and preventive health initiatives in caring for patients.

6.2.25. Provide care for Continuous Renal Replacement Therapy (CRRT) patients as required.

6.2.26. Requisition unit supplies, equipment, linens, medications/drugs, etc as directed. Maintain emergency supply cart and ensuring that equipment is clean and in good working order prior to use. Report any discrepancies to the head of nursing or supervisor.

6.2.27. Successfully complete MTF medication administration test, and successfully complete the MTF Medication PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that you can evidence successful completion of a similar and comparable pharmacology test.

6.2.28. Successfully complete the MTF provided inservices in IV placement, blood and blood administration, and chemotherapy administration prior to assignment to these tasks.

7. MINIMUM PERSONNEL QUALIFICATIONS. RN's performing service under this task order shall:

7.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

7.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

7.3. Either (a) current certification as a Critical Care Registered Nurse (CCRN) or, (b) one year of full-time experience providing services as a Registered Nurse in an CTICU or critical care nursing setting within the last two years of comparable size and complexity..

7.4. Gain and maintain IABP (Intra Aortic Balloon Pump (IABP) Counterpulsation) /LVAD (Left Ventricle Assist Device) certification within six months of employment

7.5. A current certification in Advanced Cardiac Life Support (ACLS).

7.6. Successful completion of the unit specific skills inventory within thirty days of work assignment.

7.7. Intravenous (IV) certification within three months of work assignment.

7.8. Two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

CARDIAC CLINICAL NURSE SPECIALIST REGISTERED NURSE

- 1. LABOR CATEGORY.** The contractor shall provide Cardiac Clinical Nurse Specialist Services.
- 2. PLACE OF PERFORMANCE.** The health care worker shall provide nursing services in support of the Naval Medical Center, Portsmouth, VA.
- 3. DUTY HOURS.** The healthcare worker shall provide 9 hours of service between the hours of 0600 and 1800 with an uncompensated 1.0 hour for meals. Services are generally provided Monday through Friday each week, excluding federal holidays. Specific schedules will be prepared approximately 4 weeks in advance.
- 4. ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.
- 5. CREDENTIALLING.** See Section C.7. of the basic contract.
- 6. GENERAL DUTIES/RESPONSIBILITIES.**
 - 6.1.1.** Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of Cardiac Clinical Nurse Specialists authorized the same scope of services.
 - 6.1.2.** The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.
 - 6.1.3.** The health care worker shall provide all services within the JCAHO standards.

6.2. SPECIFIC DUTIES/RESPONSIBILITIES OF CARDIAC CLINICAL NURSE SPECIALISTS. The healthcare worker will manage patients diagnosed with cardiac or vascular disease requiring advanced cardiac knowledge and skill in both in-patient and ambulatory settings, acute and non-acute. The healthcare worker will collaborate with the healthcare team (physicians, nurses, dietitians, respiratory and physical therapists, etc.) to restore the patient's functional capacity, reduce coronary heart disease risk factors and promote behaviors that lead to health and social independence as follows:

 - 6.2.1.** Provide comprehensive advanced practice nursing care to individuals diagnosed with cardiovascular diseases, as well as those identified at risk for cardiovascular events including cardiac occlusion, vascular disease, vasospasm, cardiac inflammation, aneurysms, ischemia, structural anomalies, thromboembolic phenomena, endothelial dysfunction and venous insufficiency.
 - 6.2.2.** Provide comprehensive advanced practice nursing care to individuals who manifest cardiovascular diseases including angina/claudication, infarctions (e.g. cerebral, myocardial, peripheral vascular), ventricular dysfunction, dysrhythmias, pericarditis/vasculitis, hypotension/hypertension, shock, ulcers, and congestive heart failure.
 - 6.2.3.** Focus on the mechanisms underlying human responses in health, illness, and intervention to facilitate cardiac wellness or coping with cardiac illness.
 - 6.2.4.** Apply a biopsychosocial clinical model as a focused approach to providing clinical cardiac care as defined by the ANA's Nursing Social Policy Statement (ANA, 1995).
 - 6.2.5.** Analyze concepts that are physiological and psychosocial components of specialized cardiac patient care and advanced nursing practice.

6.2.6. Critically review theories from which concepts of cardiac care are drawn that are relevant to the process of providing expert patient care for clients and their families or support networks.

6.2.7. Formulate and evaluate nursing strategies and health care outcomes as they are implemented within the specialized area of cardiac nursing practice.

6.2.8. Analyze health promotion initiatives for the ongoing needs of patients and their support networks. Participate in special projects to include health promotion workshops, health fairs, information displays, and programs for special groups.

6.2.9. Critically utilize research findings that have relevance for intervening with patients and families.

6.2.10. Use leadership and case management skills in interdisciplinary planning, coordination and delivery of health care for individuals and their support networks.

6.2.11. Demonstrate expert competency in incorporating the client's and family's unique cultural, ethnic and geopolitical background into specialized practice.

6.2.12. Serve as an expert clinical resource/consultant for colleagues.

6.2.13. Contribute to the educational process of clients and families, professional colleagues, health care students and the community

6.2.14. Apply nursing theory and research to clinical practice

6.2.15. Enact the multidimensional role of the CNS, which includes expert clinician, educator, consultant and case manager

6.2.16. Advise the interdisciplinary team to on the most effective and efficient methods to effect change within the health care system to improve outcomes of cardiac client populations.

6.2.17. Provide an expert knowledge of the pharmacological interventions associated with cardiac care including anticoagulant drugs, thrombolytic drugs, antiplatelet drugs, antilipemic drugs, angiotensin-converting enzyme (ACE) inhibitors, diuretics, antiarrhythmic drugs, α -adrenergic blocking agents, β -adrenergic blocking agents, calcium channel-blocking agents, nitrates, Inotropic agents, sympathomimetic agents, and hormone replacement therapies.

6.2.18. Provide education, counseling and risk factor reduction education in areas including discharge planning, self management, exercise and activity, nutrition, tobacco use and exposure, hypertension, and emerging risk factors.

6.2.19. Provide an expert knowledge of potentially occurring comorbidities including (but not limited to) diabetes mellitus, renovascular diseases and cerebrovascular diseases.

6.2.20. Confer with medical staff on procedures and equipment.

6.2.21. Provide ethical and medical-legal support to patients in areas of informed consent, advance directives, access to care and patient's rights.

6.2.22. Collect and compile various patient data elements at admission, discharge and in long-term follow-up.

6.2.23. Provide telephonic support to patients, implementing individually focused education, follow-up and counseling for patients, spouses, significant others and family members.

6.2.24. Recognize emergencies and respond with appropriate protocol; e.g. resuscitation, oxygen, emergency drugs, cardiac massage, application of medical equipment and other, as established by the medical staff.

6.2.25. Provide comprehensive, competent and empathetic care that allays apprehension and gains the cooperation and support of the patient, spouse, significant other and family.

6.2.26. Assist in quality assurance and quality improvement programs.

6.2.27. Participate in clinical nursing investigations.

6.2.28. Refer patients appropriate to their need. Receives referrals from other members of the healthcare team.

6.2.29. Continually assess, evaluate and adjust functional capacity and behavioral goals of individual patients to adjust their program of care for desired outcomes.

6.2.30. Successfully complete MTF medication administration test, and successfully complete the MTF Medication PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that the healthcare worker can evidence successful completion of a similar and comparable pharmacology test.

6.2.31. Successfully complete the MTF provided inservices in IV placement, blood and blood administration, and chemotherapy administration prior to assignment to these tasks.

7. MINIMUM PERSONNEL QUALIFICATIONS. RN's performing service under this task order shall:

7.1. Graduation from an accredited school of nursing with a Baccalaureate degree in Nursing (BSN).

7.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

7.3. Either (a) a Master of Science in Nursing degree with a Clinical Nurse Specialist (CNS) major or (b) a Master of Science in Nursing degree and a Clinical Nurse Specialist Post-Master's Certificate from a program accredited by the National League for Nursing Accrediting Agency.

7.4. Successful completion of the certification exam in Acute and Critical Care Nursing administered by the American Association of Colleges of Nursing (AACN) Certification Corporation.

7.5. Certification by the American College of Cardiovascular Nursing (either BACCN or FACCN Credentials) for Non-Acute/Non-Invasive and Acute/Invasive Cardiac and Emergency Nurses & Nurse Practitioners (minimum Level II - Acute/Invasive).

7.6. A minimum of 2 years within the preceding 4 years in (either) (a) an inpatient setting or, (b) outpatient setting or, (c) cardiac rehabilitation setting. Work experience shall show significant work experience in cardiac risk factor identification/modification, pathophysiology of cardiac diseases, the manifestations of cardiac diseases, the management of cardiac diseases, and the education, counseling or teaching of cardiac patients.

7.7. A current certification in Advanced Cardiac Life Support (ACLS).

7.8. Successful completion of the unit specific skills inventory within thirty days of work assignment.

7.9. Intravenous (IV) certification within three months of work assignment.

7.10. Two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered

nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

CARDIO-THORACIC PERIOPERATIVE REGISTERED NURSE

- 1. LABOR CATEGORY.** The contractor shall provide Cardio-Thoracic Perioperative Registered Nurse Services.
- 2. PLACE OF PERFORMANCE.** The health care worker shall provide nursing services in support of the Naval Medical Center, Portsmouth, VA.
- 3. DUTY HOURS.** The healthcare worker shall provide 9 hours of service between the hours of 0600 and 1800 with an uncompensated 1.0 hour for meals. Services are generally provided Monday through Friday each week, excluding federal holidays. Specific schedules will be prepared approximately 4 weeks in advance.
- 4. ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.
- 5. CREDENTIALLING.** See Section C.7. of the basic contract.
- 6. GENERAL DUTIES/RESPONSIBILITIES.**
 - 6.1.1.** Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of Perioperative Registered Nurses authorized the same scope of services.
 - 6.1.2.** The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.
 - 6.1.3.** The health care worker shall provide all services within the JCAHO standards.
- 6.1. SPECIFIC DUTIES/RESPONSIBILITIES.** The health care worker shall perform those services and procedures identified herein, including:
 - 6.1.1.** Assist with patient monitoring before, during and after surgery and responding appropriately to physiological or behavioral changes.
 - 6.1.2.** Effectively monitor and control the physical environment i.e. room temperature/humidity, maintaining traffic patterns, adhering to prescribed operating room sanitation/infection control procedures/policies.
 - 6.1.3.** Oversee the proper reprocessing, sterilization and maintenance of sterile supplies, assuring appropriate storage of services supplies.
 - 6.1.4.** Create sterile fields and maintain the principles of aseptic technique. Readily identify and correct breaks in sterile technique.
 - 6.1.5.** Ensure that all essential equipment and supplies for surgical procedures are in the operating room. Cooperate with scrub tech in placing orders for supplies and equipment.
 - 6.1.6.** Accurately perform sponge, needle, instrument and small items count in accordance with standard MTF operating procedures.
 - 6.1.7.** Assist with the transport of patients to and from the Cardio-Thoracic Surgery Department/ORs.
 - 6.1.8.** Check the patient with the anesthesiologist upon arrival to surgery.

6.1.9. Place the patient on the operating table and position the patient with assistance as required. Secure the patient safely on the OR table.

6.1.10. Initiate operating room records, ensure compliance with the MTF's standard operating procedures.

6.1.11. Assist the anesthesiologist as required, e.g. identification check, vital signs, etc.

6.1.12. Observe sterile technique; provide sterile supplies and instruments for placement by scrub technician and perform surgical prep of operative areas and apply surgical drape as directed by the surgeon. Provide equipment such as cautery, lights and platforms or stools for standing or sitting as directed. Manipulate lights over the surgical field.

6.1.13. Change the patient's gown at the end of surgery and provide for the patient's comfort. Assist in the transfer of patient to the recovery room, or patient's room, as directed

6.1.14. Complete the operating room record and write any charges. Wrap and label specimens and send them to the laboratory. Notify the floor nurse when the patient is transported to the recovery room.

6.1.15. Ensure that the operating room is ready for the next procedure.

6.1.16. Circulate as needed by the MOR for all cases performed by the Cardio-thoracic service to include open hearts and thoracic procedures.

7. MINIMUM PERSONNEL QUALIFICATIONS. RN's performing service under this task order shall:

7.1. A Baccalaureate Degree in Nursing and at least three years experience, or an Associate Degree and at least four years experience, or a Diploma Graduate and at least three years experience.

7.2. A current unrestricted license to practice as a Registered Nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The Contractor shall comply with all applicable licensing regulations. All licenses held by each Registered Nurse must be submitted as part of the credentialing package. Additionally, Registered Nurses licensed outside of the 50 States must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

7.3. Current certification as a Certified Nurse; Operating Room (CNOR) as determined by the Association of Operating Room Nurses (AORN).

7.4. Successful completion of at least 12 classroom hours (Contact Hours/CEUs) of continuing education within the preceding 24 months which maintains skills and knowledge as a Registered Nurse in a cardiac surgical setting.

7.5. Experience as a Cardio-Thoracic Circulating Registered Nurse of at least 2 years within the preceding 4 years. This shall include experience in both Cardiac and General Thoracic surgery.

7.6. Current certification in Advanced Cardiac Life Support (ACLS) which may be achieved prior to commencement of services or within 3 months following either (a) contract start or (b) 3 months following the first date of employment.

Attachment 030

HEALTH CARE WORKER CERTIFICATE OF AVAILABILITY

I, _____ [Name of Health Care Worker/Provider] hereby certify that I have agreed to provide services as a _____ [Title of Position] under this task order at the _____ [Location of Services], for _____ [Name of Contractor] for the salary of \$_____ per hour [\$_____ per annum]. I am available to begin providing these services from _____, 200__ should the above named prime contractor be awarded this position.

Health Care Worker Signature_____
Date**TO BE COMPLETED BY THE OFFEROR**

If my company is awarded a task order as a result of this solicitation, I verify that the above health care worker will be:

_____ my employee,

_____ a subcontractor,

Check one of the above.

Signature and Title_____
Date

SECTION K Representations, Certifications and Other Statements of Offerors

CLAUSES INCORPORATED BY FULL TEXT

52.203-2 CERTIFICATE OF INDEPENDENT PRICE DETERMINATION (APR 1985)

(a) The offeror certifies that --

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to --

(i) Those prices,

(ii) The intention to submit an offer, or

(iii) The methods of factors used to calculate the prices offered:

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory --

(1) Is the person in the offeror's organization responsible for determining the prices offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision; or

(2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision _____ (insert full name of person(s) in the offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the offeror's organization);

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision.

(c) If the offeror deletes or modifies subparagraph (a)(2) of this provision, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

(End of provision)

52.203-11 CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (APR 1991)

(a) The definitions and prohibitions contained in the clause, at FAR 52.203-12, Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of

this Certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989,--

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, Title 31, United States Code. Any person who makes an expenditure prohibited under this provision, shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

(End of provision)

52.204-3 TAXPAYER IDENTIFICATION (OCT 1998)

(a) Definitions.

“Common parent,” as used in this provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member.

“Taxpayer Identification Number (TIN),” as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a Social Security Number or an Employer Identification Number.

(b) All offerors must submit the information required in paragraphs (d) through (f) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements described in Federal Acquisition Regulation (FAR) 4.904, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.

(d) Taxpayer Identification Number (TIN).

___ TIN: _____

___ TIN has been applied for.

___ TIN is not required because:

___ Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

___ Offeror is an agency or instrumentality of a foreign government;

___ Offeror is an agency or instrumentality of the Federal Government.

(e) Type of organization.

___ Sole proprietorship;

___ Partnership;

___ Corporate entity (not tax-exempt);

___ Corporate entity (tax-exempt);

___ Government entity (Federal, State, or local);

___ Foreign government;

___ International organization per 26 CFR 1.6049-4;

___ Other _____

(f) Common parent.

___ Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this provision.

___ Name and TIN of common parent:

Name _____

TIN _____

(End of provision)

52.204-6 DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER (JUN 99)

(a) The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation "DUNS" followed by the DUNS number that identifies the offeror's name and address exactly as stated in the offer.

(b) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one. A DUNS number will be provided immediately by telephone at no charge to the offeror. For information on obtaining a DUNS number, the offeror, if located within the United States, should call Dun and Bradstreet at 1-800-333-0505. The offeror should be prepared to provide the following information:

(1) Company name.

(2) Company address.

(3) Company telephone number.

(4) Line of business.

(5) Chief executive officer/key manager.

(6) Date the company was started.

(7) Number of people employed by the company.

(8) Company affiliation.

(c) Offerors located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.customerservice@dnb.com>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@mail.dnb.com.

(End of provision)

52.209-5 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS (DEC 2001)

(a)(1) The Offeror certifies, to the best of its knowledge and belief, that--

(i) The Offeror and/or any of its Principals--

(A) Are () are not () presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;

(B) Have () have not (), within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(C) Are () are not () presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (a)(1)(i)(B) of this provision.

(ii) The Offeror has () has not (), within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND THE MAKING OF A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER SECTION 1001, TITLE 18, UNITED STATES CODE.

(b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror nonresponsible.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

(End of provision)

52.219-1 SMALL BUSINESS PROGRAM REPRESENTATIONS (APR 2002)

(a)(1) The North American Industry Classification System (NAICS) code for this acquisition is **622110**.

(2) The small business size standard is **\$25 Million**.

(3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.

(b) Representations. (1) The offeror represents as part of its offer that it () is, () is not a small business concern.

(2) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents, for general statistical purposes, that it () is, () is not a small disadvantaged business concern as defined in 13 CFR 124.1002.

(3) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents as part of its offer that it () is, () is not a women-owned small business concern.

(4) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents as part of its offer that it () is, () is not a veteran-owned small business concern.

(5) (Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (b)(4) of this provision.) The offeror represents as part of its offer that it () is, () is not a service-disabled veteran-owned small business concern.

(6) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents, as part of its offer, that--

(i) It () is, () is not a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR part 126; and

(ii) It () is, () is not a joint venture that complies with the requirements of 13 CFR part 126, and the representation in paragraph (b)(6)(i) of this provision is accurate for the HUBZone small business concern or concerns that are participating in the joint venture. (The offeror shall enter the name or names of the HUBZone small business

concern or concerns that are participating in the joint venture: _____.) Each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation.

(c) Definitions. As used in this provision--

Service-disabled veteran-owned small business concern--

(1) Means a small business concern--

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

"Small business concern," means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR Part 121 and the size standard in paragraph (a) of this provision.

Veteran-owned small business concern means a small business concern--

(1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and

(2) The management and daily business operations of which are controlled by one or more veterans.

"Women-owned small business concern," means a small business concern --

(1) That is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and

(2) Whose management and daily business operations are controlled by one or more women.

(d) Notice.

(1) If this solicitation is for supplies and has been set aside, in whole or in part, for small business concerns, then the clause in this solicitation providing notice of the set-aside contains restrictions on the source of the end items to be furnished.

(2) Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall--

(i) Be punished by imposition of fine, imprisonment, or both;

(ii) Be subject to administrative remedies, including suspension and debarment; and

(iii) Be ineligible for participation in programs conducted under the authority of the Act.

(End of provision)

52.222-21 PROHIBITION OF SEGREGATED FACILITIES (FEB 1999)

(a) Segregated facilities, as used in this clause, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, sex, or national origin because of written or oral policies or employee custom. The term does not include separate or single-user rest rooms or necessary dressing or sleeping areas provided to assure privacy between the sexes.

(b) The Contractor agrees that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. The Contractor agrees that a breach of this clause is a violation of the Equal Opportunity clause in this contract.

(c) The Contractor shall include this clause in every subcontract and purchase order that is subject to the Equal Opportunity clause of this contract.

(End of clause)

52.222-22 PREVIOUS CONTRACTS AND COMPLIANCE REPORTS (FEB 1999)

The offeror represents that --

(a) ☐ It has, ☐ has not participated in a previous contract or subcontract subject to the Equal Opportunity clause of this solicitation;

(b) ☐ It has, ☐ has not, filed all required compliance reports; and

(c) Representations indicating submission of required compliance reports, signed by proposed subcontractors, will be obtained before subcontract awards.

(End of provision)

52.222-25 AFFIRMATIVE ACTION COMPLIANCE (APR 1984)

The offeror represents that

(a) ☐ it has developed and has on file, ☐ has not developed and does not have on file, at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), or

(b) ☐ has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

(End of provision)

52.223-13 CERTIFICATION OF TOXIC CHEMICAL RELEASE REPORTING (OCT 2000)

(a) Submission of this certification is a prerequisite for making or entering into this contract imposed by Executive Order 12969, August 8, 1995.

(b) By signing this offer, the offeror certifies that--

(1) As the owner or operator of facilities that will be used in the performance of this contract that are subject to the filing and reporting requirements described in section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) (42 U.S.C. 11023) and section 6607 of the Pollution Prevention Act of 1990 (PPA) (42 U.S.C. 13106), the offeror will file and continue to file for such facilities for the life of the contract the Toxic Chemical Release Inventory Form (Form R) as described in sections 313(a) and (g) of EPCRA and section 6607 of PPA; or

(2) None of its owned or operated facilities to be used in the performance of this contract is subject to the Form R filing and reporting requirements because each such facility is exempt for at least one of the following reasons: (Check each block that is applicable.)

☐ (i) The facility does not manufacture, process or otherwise use any toxic chemicals listed under section 313(c) of EPCRA, 42 U.S.C. 11023(c);

☐ (ii) The facility does not have 10 or more full-time employees as specified in section 313.(b)(1)(A) of EPCRA 42 U.S.C. 11023(b)(1)(A);

☐ (iii) The facility does not meet the reporting thresholds of toxic chemicals established under section 313(f) of EPCRA, 42 U.S.C. 11023(f) (including the alternate thresholds at 40 CFR 372.27, provided an appropriate certification form has been filed with EPA);

☐ (iv) The facility does not fall within Standard Industrial Classification Code (SIC) major groups 20 through 39 or their corresponding North American Industry Classification System (NAICS) sectors 31 through 33; or

☐ (v) The facility is not located within any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the United States Virgin Islands, the Northern Mariana Islands, or any other territory or possession over which the United States has jurisdiction.

252.204-7001 COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE REPORTING (AUG 1999)

(a) The offeror is requested to enter its CAGE code on its offer in the block with its name and address. The CAGE code entered must be for that name and address. Enter "CAGE" before the number.

(b) If the offeror does not have a CAGE code, it may ask the Contracting Officer to request one from the Defense Logistics Information Service (DLIS). The Contracting Officer will--

(1) Ask the Contractor to complete section B of a DD Form 2051, Request for Assignment of a Commercial and Government Entity (CAGE) Code;

(2) Complete section A and forward the form to DLIS; and

(3) Notify the Contractor of its assigned CAGE code.

(c) Do not delay submission of the offer pending receipt of a CAGE code.

(End of provision)

252.209-7001 DISCLOSURE OF OWNERSHIP OR CONTROL BY THE GOVERNMENT OF A TERRORIST COUNTRY (MAR 1998)

(a) "Definitions."

As used in this provision --

(a) "Government of a terrorist country" includes the state and the government of a terrorist country, as well as any

political subdivision, agency, or instrumentality thereof.

(2) "Terrorist country" means a country determined by the Secretary of State, under section 6(j)(1)(A) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)(A)), to be a country the government of which has repeatedly provided support for such acts of international terrorism. As of the date of this provision, terrorist countries include: Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria.

(3) "Significant interest" means --

(i) Ownership of or beneficial interest in 5 percent or more of the firm's or subsidiary's securities. Beneficial interest includes holding 5 percent or more of any class of the firm's securities in "nominee shares," "street names," or some other method of holding securities that does not disclose the beneficial owner;

(ii) Holding a management position in the firm, such as a director or officer;

(iii) Ability to control or influence the election, appointment, or tenure of directors or officers in the firm;

(iv) Ownership of 10 percent or more of the assets of a firm such as equipment, buildings, real estate, or other tangible assets of the firm; or

(v) Holding 50 percent or more of the indebtedness of a firm.

(b) "Prohibition on award."

In accordance with 10 U.S.C. 2327, no contract may be awarded to a firm or a subsidiary of a firm if the government of a terrorist country has a significant interest in the firm or subsidiary or, in the case of a subsidiary, the firm that owns the subsidiary, unless a waiver is granted by the Secretary of Defense.

(c) "Disclosure."

If the government of a terrorist country has a significant interest in the Offeror or a subsidiary of the Offeror, the Offeror shall disclose such interest in an attachment to its offer. If the Offeror is a subsidiary, it shall also disclose any significant interest the government of a terrorist country has in any firm that owns or controls the subsidiary. The disclosure shall include --

(1) Identification of each government holding a significant interest; and

(2) A description of the significant interest held by each government.

(End of provision)

SECTION L Instructions, Conditions and Notices to Bidders

CLAUSES INCORPORATED BY REFERENCE:

52.215-1	Instructions to Offerors--Competitive Acquisition	MAY 2001
52.216-27	Single or Multiple Awards	OCT 1995
52.222-24	Preaward On-Site Equal Opportunity Compliance Evaluation	FEB 1999
52.237-1	Site Visit	APR 1984
52.237-10	Identification of Uncompensated Overtime	OCT 1997

CLAUSES INCORPORATED BY FULL TEXT

L.1. INSTRUCTIONS FOR PREPARATION OF PROPOSALS

L.1.1. Introduction and Purpose. This section specifies the format and content that offerors shall use in response to this Request for Proposal (RFP). The intent is not to restrict the offerors in the manner in which they will perform their work but rather to require uniformity in the format of the responses for evaluation purposes. Offerors must submit a proposal that is both in the format prescribed herein and is comprehensive enough to provide the basis for a sound evaluation by the Government. Information provided should be precise, factual, and complete. Information provided should be precise, factual, and complete: avoiding unnecessary, irrelevant, unrelated, unsubstantiated, illogical, vague and/or expansive discussions. Clarity, completeness, and responsiveness are of the utmost importance. Proposals shall be in the form prescribed by, and shall contain a response to, each identified in this paragraph. Any proposal that does not offer as a minimum that which is requested in this solicitation may be determined to be substantially incomplete and not warrant any further consideration. A complete proposal, including both Technical and Business, shall be submitted by the closing date specified in Section A of the solicitation.

Notional Task Orders. The Notional Task Order provided in Attachment 029 represents a sample Task Order scenario which may, in some form, be ordered the Government after contract award. No awards will result from an offeror's proposal in response to the Notional Task Order.

Proposals shall be submitted electronically. Upon receipt of the electronic files from the Contracting Officer, the offeror's proposal shall be submitted on 6 offeror provided 3.5" diskettes or CD-ROM(s) (all hereafter referred to as "diskettes"). Diskettes 1 and 2 will be identical; diskettes 3 and 4 will be identical; and diskettes 5 and 6 will be identical. The offeror is responsible for ensuring that submitted diskettes are neither physically damaged nor contain corrupted files such that they are not readable by the Government. The offeror shall ensure that the two sets of diskettes are identical. Offerors shall accept the formatting, style, pitch/point, margins and other formatting imbedded in these electronic documents as provided. The Government will accept no changes.

Closing Dates. The closing date for Diskettes 1 and 2 shall be October 7, 2002 at 3:00 PM Fort Detrick local time (Eastern Standard Time). The closing date for Diskettes 3, 4, 5 and 6 shall be November 7, 2002 at 3:00 PM Fort Detrick local time (Eastern Standard Time). If an offeror is late submitting any diskette, or any required file is missing from their diskette proposal, their entire proposal will be considered late. Consequently, any offeror that fails to submit diskettes 1 and 2 on time will be considered late, even if that offeror submits the other diskettes prior to the due date/time.

L.1.2. Volume 1: Technical Proposal. The Technical Proposal shall be in two parts: Past Performance and Management Plan. In accordance with electronic submission requirements given in this section, the offeror shall submit the following:

a. Past Performance:

(1) The Contractor shall complete and submit Past Performance.xls on diskettes 1 and 2. The content of this file is shown in Attachment 031. This file shall include information from not more than five of their previous/current contracts not awarded either by the Naval Medical Logistics Command or the Fleet Industrial Supply Center, Norfolk Detachment, Philadelphia. These references shall be those that the offeror believes are their most current and are relevant (see Section L.2.5.) to the labor categories identified in Section B. The Government will supplement this information with past performance analyses of contracts awarded by the Naval Medical Logistics Command and Fleet Industrial Supply Center, Norfolk Detachment, Philadelphia. In order to be considered current, services must have been provided within the last five years. In selecting the most relevant contracts, the offeror may include contracts that demonstrate the prior experience of corporate officials or the experience of subcontractors/teaming partners. The file, "Past Performance.xls" shall be renamed, "[name of offeror] Past Performance. xls" when it is submitted.

(2) If the offeror has no relevant past performance, they shall affirmatively state that they possess no relevant past performance within Past Performance. xls.

(3) The offeror shall complete Past Performance.xls to include the following:

(a) The contract number(s) and,

(b) The number of HCWs provided, and

(c) The type of HCWs provided, e.g., pharmacists, OR Nurses, etc., and

(d) The location of services provided including facility name, city and state and,

(e) The start dates that services were/are being provided and

(f) The completion dates that services were/are being provided, and

(g) The name, organization, telephone number, and e-mail address of a verified point of contact at the federal, state, local Government or commercial entity for which the contract services were performed. The offeror is responsible for ensuring that all points of contact provided as references are current and appropriate, and that the phone numbers provided are valid and,

(h) A brief description of services provided and an explanation of how that experience is directly related and/or similar or relevant to the scope, magnitude, and complexity of the requirement (as defined herein) and,

(i) The number, type and severity of any quality, delivery or price problems, or any other anecdotal issues, in performing the contract, the corrective action taken and the effectiveness of the corrective action. Offerors shall also submit **complete** information of any discrepancy or non-compliance reports issued under these contracts and the corrective action mechanisms that were completed or started. This document shall be formatted using typical business style, pitch/point, margins, etc and is not limited in length. It shall, however, be a relevant and pointed discourse, avoiding unnecessary, irrelevant, unrelated, unsubstantiated, illogical, vague and/or expansive discussions. A negative reply can be provided at the discretion of the offeror.

(4) Offerors may submit a discussion of noteworthy successes, accomplishments, awards and/or commendations achieved during the described experience in providing services. Offerors may also submit any other information the offeror considers relevant to its past performance. The Government will accept no more than three single spaced pages within each offeror's proposal. This information shall be included on the tab titled "Accomplishments" with Past Performance.xls.

b. Management Plan: The Contractor shall complete and submit the offeror's Management Plan.xls on diskettes 3 and 4. The content of this file is shown in Attachment 032. The offeror shall complete Management Plan.xls to include the offeror's approach to:

- (1) Recruitment,
- (2) Retention,
- (3) Pre-Credentialing,
- (4) Sub-Contracting and Teaming, and
- (5) Notional Task Order.

The file, "Management Plan.xls" shall be renamed, "[name of offeror] Management Plan.xls" when it is submitted.

L.1.3. Volume 2: Business Proposal.

a. Price Proposal

(1) Diskettes 5 and 6 shall each contain the offeror's Price Proposal and shall include the Government provided electronic file Business Proposal.xls (Attachment 033). Included within the Business Proposal.xls are Supplemental Pricing Worksheets for each separately priced position for CLINs 0001 through 0011 (minimum requirements) and each separately priced position for Notional Task Order NTO 0001. The information on diskette 5 shall be identical to the information on diskette 6.

(2) Section B and Supplemental Pricing Worksheets. Two (2) electronic files (for the CLINS 0001 – 0011; Supplemental Pricing Worksheets) and Notional Task Order will be provided to the offeror electronically as part of the solicitation package. The files will be named "business proposal.xls". The offeror shall complete all pricing and supplemental pricing information required on the various tabs included in each of the electronic files. Blue boxes designate those fields into which the offeror can enter data. The 2 completed files shall be submitted on the Business Proposal diskette. The 2 electronic files shall be renamed : [name of offeror] "business proposal.xls". The information provided on the Supplemental Pricing Worksheets will be used to determine price realism during the evaluation of the offeror's proposal and,

(3) Source Information: Source Information for each Supplemental Pricing Worksheet shall be provided at the bottom of each Supplemental Pricing Worksheet following the notation "Source Information Notes."

b. The offeror's Business Proposal shall also include:

- (1) Standard Form 33. This form must be downloaded, printed, completed, signed and mailed/delivered by the offeror and,
- (2) An acknowledgment of any amendments issued by the Government prior to the receipt of proposals and,
- (3) A completed Section K containing the Representations, Certifications and Other Statements of Offerors contained in Section K of this solicitation. The offeror shall print, sign, and complete Section K and MAIL those signed certifications, the completed and signed SF-33 and diskettes 5 and 6.

L.2. PROPOSAL EVALUATION

L.2.1. Past Performance is significantly more important than the Management Plan. The combination of Technical Proposal factors (Past Performance and Management Plan) is significantly more important than the combined Business Proposal evaluation factors (Completeness, Reasonableness, and Realism).

L.2.2. The Government reserves the right to award without discussions. It should be noted that award may be made to other than the lowest priced offer. Offerors are therefore cautioned that each initial offer should contain the offeror's best terms.

L.2.3. The Government may set the competitive range following evaluation of technical and business proposals and conduct discussions with remaining offerors. Discussions may be in person, by telephone, or in writing at the discretion of the contracting officer.

L.2.4. The minimum quantity per contract awarded will be at least one CLIN (CLINS 0001 through 0011) for the period 01 May 03 through 30 Sep 03. The Government will determine which CLINS are awarded to each successful offeror (via Task Order) at the time of award of the basis contract. Task Orders for the minimum quantities will be issued concurrent with the award of each contract. Task Orders issued after the minimum quantities are satisfied will be priced individually at the time of Task Order proposal request (See Section H for Task Order procedures).

L.2.5 Volume 1 - Technical Proposal Evaluation.

a. **Past Performance.** The Government will evaluate the "risk to the Government" associated with the offeror's past performance. The Government will give greater consideration to past performance (minimum and maximum quantities) that is most relevant to the solicitation. Past performance not as relevant will warrant a greater technical risk assessment. The most relevant past performance will be those references that most closely match the solicitation requirements in terms of Scope (i.e. the type of HCWs in settings similar to the requirements [clinical environment]) and, Magnitude (i.e. the numbers of HCWs provided by labor category) and, Complexity (i.e. the range and depth of labor categories, geographic similarity to the requirement [i.e. metropolitan versus rural]), single/multi-site, single/multi specialty, and experience with incentive plans). Dental experience, although relevant, is less relevant than non-nursing medical experience, which is less relevant than nursing experience. The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance. Also, the Government will not restrict its past performance evaluation to the information submitted by offerors but will consider any other information in its possession.

b. **Management Plan.** The Government will evaluate the "risk to the Government" associated with the offeror's Management Plan. The Government will not assume that the offeror possesses any capability unless it is specified in their proposal. The Government will evaluate the offeror's approach to Recruitment, Retention, PreCredentiaing, and Sub-Contracting and Teaming.

L.2.6. Volume 2 - Business Proposal Evaluation.

Adequate price competition is expected for this acquisition. The Business Proposal will be evaluated with consideration to the following factors:

a. **Completeness.** All cost and business information required by the RFP has been submitted, and

b. **Reasonableness.** The degree to which the proposed prices compare to the prices that a reasonable and prudent person would expect to incur for the same or similar services, and

c. **Realism.** The proposed labor compensation rates proposed in the offeror's supplemental pricing worksheets for CLINs 0001 through 0011 and Notional Task Order NTO 0001 will be examined to identify unusually low cost estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.

d. **Best Value.** The **AVERAGE** compensation information provided in the offeror's supplemental pricing worksheets shall be used with other pricing evaluation factors to make a determination as to the best value of services based on a comparison with technical risk in the **AWARD** determination.

L.3. **TECHNICAL QUESTIONS.** Offerors must submit all technical questions concerning this solicitation in writing to the Contract Specialist listed below. The Naval Medical Logistics Command must receive the questions

not later than 15 calendar days after the issue date (Block 5 of SF 33) of this solicitation. The Contract Specialist will answer questions that may affect offers in an amendment to the solicitation. The Contract Specialist will not disclose the source of the questions. Questions shall be emailed to Susan Wellen at sdwellen@us.med.navy.mil.

L.4. SUBMISSION OF COST OR PRICING DATA

(a) It is expected that this contract will be awarded based upon a determination that there is adequate price competition; therefore, the offeror is not required to submit additional cost or price data or certify cost or pricing data with its proposal.

(b) If, after receipt of the proposals, the Contracting Officer determines that adequate price competition does not exist in accordance with FAR 15.403-3 and 15.403-4, the offeror shall provide other information requested to be submitted to determine fair and reasonableness of price or cost realism, or certified cost or pricing data as requested by the Contracting Officer.

L.5. LIMITATION OF PAYMENT FOR PERSONAL SERVICES. Under the provisions of 10 U.S.C. 1091 and DODI 6025.5, "Personal Services Contracting", implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S.C. 1091. That compensation rate is currently \$400,000 per year.

L.6. REVIEW OF AGENCY PROTESTS

L.6.1. The contracting activity, Naval Medical Logistics Command, will process agency protests in accordance with the requirements set forth in FAR 33.101(d).

L.6.2. Pursuant to FAR 33.101(d)(4), agency protests maybe filed directly with the appropriate reviewing authority; or a protester may appeal a decision rendered by a Contracting Officer to the appropriate reviewing authority.

L.6.3. The reviewing authority for Ms. Susan Wellen is Ms. Terry Horst, Naval Medical Logistics Command, Code 02, 1681 Nelson Street, Fort Detrick, MD 21702-9203. Agency procurement protests should clearly identify the initial adjudicating official, i.e., the, "Contracting Officer" or the, "Reviewing Official".

L.6.4. Offerors should note this review of the Contracting Officer's decision will not extend GAO's timeliness requirements. Therefore, any subsequent protest to GAO must be filed within 10 days of knowledge of initial adverse agency action.

52.216-1 TYPE OF CONTRACT (APR 1984)

The Government contemplates award of a Firm Fixed Price, Indefinite Delivery/Indefinite Quantity (IDIQ) contract resulting from this solicitation.

(End of clause)

52.233-2 SERVICE OF PROTEST (AUG 1996)

(a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from

Naval Medical Logistics Command
Attn: Code 02, Susan Wellen
1681 Nelson Street
Fort Detrick, MD 21702-9203

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

(End of provision)

52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):

<http://www.arnet.gov/far>

SECTION M Evaluation Factors for Award

M. EVALUATION CRITERIA AND BASIS FOR AWARD.

M.1. The Government intends to award at least 3 multiple indefinite delivery indefinite quantity (ID/IQ) contracts resultant from the issuance of this solicitation to those responsible offerors submitting proposals that are determined most advantageous to the Government, price and other factors considered. The evaluation of proposals will be based on a technical evaluation of Past Performance, the Management Plan, and the Business Proposal submitted by each offeror. The Government intends to make multiple awards under this solicitation to allow for maximum competition for future task order awards. Awards under this procurement will be made to the offerors determined to be the best value to the Government.

M.2. In the evaluation of offerors' proposals, Past Performance is significantly more important than the Management Plan. Additionally, the combined technical evaluation factors of Past Performance and Management Plan are significantly more important than the combined Business Proposal evaluation factors of Completeness, Reasonableness, and Realism. However, the closer the merits of the technical proposal are to one another, the greater will be the importance of Price in making the award determination. In the event that two or more proposals are determined not to have any substantial technical differences (i.e. are technically equivalent), award may be made to the lower priced proposal. It should be noted that award may be made to other than the lowest priced offer if the Government determines that a price premium is warranted due to technical merit. A price premium may also be considered to facilitate award of contracts to three or more different offerors to gain the advantages associated with increased competition for future task orders.

M.3. Awards may also be made on the basis of initial offers without discussions. Offerors are therefore cautioned that each initial offer should contain the offeror's best terms.

M.4. Past Performance. The Government will evaluate the "risk to the Government" associated with the offeror's past performance. The Government will give greater consideration to experience that is most relevant to the solicitation. Past Performance not as relevant will warrant a greater technical risk assessment. The most relevant past performance will be those references that most closely match the solicitation requirements in terms of Scope (i.e. the type of HCWs in settings similar to the requirements [clinical environment]) and, Magnitude (i.e. the numbers of HCWs provided by labor category) and, Complexity (i.e. the range and depth of labor categories, geographic similarity to the requirement [i.e. metropolitan versus rural]), single/multi-site, single/multi specialty, and experience with incentive plans). Dental experience, although relevant, is less relevant than non-nursing medical experience which is less relevant than nursing experience. The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance. Also, the Government will not restrict its past performance evaluation to the information submitted by offerors but will consider any other information in its possession.

M.5. Management Plan. The Government will evaluate the "risk to the Government" associated with the offeror's Management Plan.

a. Recruitment. Successfully recruiting HCWs that meet the requirements of the solicitation and the position specific statement(s) of work.

b. Retention. Successfully retaining HCWs that meet the requirements of the solicitation and the position specific statement(s) of work.

c. Precredentiaing. Provision of the process that the offeror will use to comply with the requirements of applicable service credentialing requirements and the solicitation, compile and verify credentials, pre-credential, and keep candidates up to date on the status of the contract prior to contract award thus ensuring a smooth transition to contract start.

d. **Sub-Contracting and Teaming.** Sub-contracting and/or teaming is not a requirement of this solicitation. If sub-contracting and/or teaming is not proposed, the offeror shall affirmatively state that no sub-contracting and/or teaming partner will be used and shall provide no further information. If sub-contracting and/or teaming is proposed, the offeror shall identify their proposed sub-Contractor(s) and/or teaming partner(s), their relationships, responsibilities, and remedies for non- or poor performance.

e. **Notional Task Orders.** Successfully recruiting and retaining the HCWs required in the Notional Task Orders.

M.6. **Business Proposals.** The Government will evaluate the business proposal responses with consideration to the following factors:

a. **Completeness.** All cost and business information required by the RFP has been submitted, and

b. **Reasonableness.** The degree to which the proposed prices compare to the prices that a reasonable and prudent person would expect to incur for the same or similar services, and

c. **Realism.** The proposed labor compensation rates proposed in the offeror's supplemental pricing worksheets for CLINs 0001 through 0011 and Notional Task Order NTO 0001 will be examined to identify unusually low cost estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.

d. **Best Value.** The **AVERAGE** compensation information provided in the offeror's supplemental pricing worksheets shall be used with other pricing evaluation factors to make a determination as to the best value of services based on a comparison with technical risk in the **AWARD** determination.